## Anekant Education Society's

## Tuljaram Chaturchand College of Arts Science and Commerce, Baramati Autonomous

## Payment Voucher

		<u>Dat</u>	<u>te:-</u> 16-09-2021
Name :-	Ms. Varsha H. Shinde		
Department:-	Department of Mathematics		
Head of Expendi	tures on account of:-		
Particulars of Payment			Amount
Paid to Ms. Varsha H. Shinde, Department of Mathematics			3000/-
against attend National Workshop on Research Methodology			
	x		
1 . 1 . ((1)			
dated on 44440	ion Fac Constian		
1 A and Registrat	ion Fee Sanction.	m . 1	3000/-
		Total	0000,
Rupees in Words	: Rupees Three Thousand only		
Mode of Paymen	t:- Cash/ Cheque		
Name of Payee:-	Ms. Varsha H. Shinde		
Name of Bank			
Account No.			
Branch Name			
IFSC Code			
For Account Us	e Only		
Checked & Foun	d Correct recommended for Payment	90	
			A,
Gall	Church	2	Wastlet.
Account Clark	Office Superintendent		Registrar
Account Clerk	Office Superintendent		Registrai
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	1500	Allowed	& Pay/ Not Pay
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VP/IQAC Co-or	2004442		rincipal
Received with th	anks from The Principal. Tuljaram Chaturchand Coll	ege, Bara	mati , o