		Voucher No.					
The Registrar, Bhakta Kavi Narsinh Mehta University							
To,			**CONT CONTROL OF CONT				
Name of the	Factotum						
Factotum at	the				Examina	ation	
of	200 (Centre)				
To amount di	ue to me as Factotum	at the above E	Examination is as	sunder	Rs P	S	
Date	Examination	Session Morning or Evening	No. of Students registered	Rate: 2 paise per Student registered	Amount Rs. Ps.		
				TOTAL Rs.			
(Signature) (Address) (Counter-Sig		nior Supervisor					
	(Please see that dates) RsPs reived	tes are filled in		s countersign	ed.)		
Date		Accountant			Registrar		