

ZEAL EDUCATION SOCIETY'S  
**ZEAL COLLEGE OF ENGINEERING AND RESEARCH, PUNE**  
 ♡ S. No.39, Katraj-Dhayari Road, Narhe, Pune - 411 041 ☎ Ph.020-67206000

Sr. No. **BANK PAYMENT VOUCHER** Date : 28-9-19

Paid to : *Shikalgar H.R.*

Debit Account Head	Section Name	Amount
		500
		}
		}
	Total	500

Rs. In words *Five Hundred only*  
 Being *P.O.P fees paid*

Ch. No.: Date : 28-9-19.

*[Signature]*  
Clerk
*[Signature]*  
Accountant
*[Signature]*  
OS/AO
*[Signature]*  
Authorised Signatory
*[Signature]*  
Receiver Signature

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 S. No.39, Katraj-Dhayari Road, Narhe, Pune - 411 041 ☎ Ph.020-67206000

Sr. No.

**BANK PAYMENT VOUCHER**

Date : 28-2-20

Paid to : *Aniruddha Kshirsagar*

Debit Account Head	Section Name	Amount
		500
		}
		}
	Total	500

Rs. In words *Five Hundred only*  
 Being *P.O.P fees paid*

Ch. No.:

Date : 28-2-20

*[Signature]*  
Clerk

*[Signature]*  
Accountant

*[Signature]*  
OS/AO

*[Signature]*  
Authorised Signatory

*[Signature]*  
Receiver Signature



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Sr. No.

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Date : 28-2-20



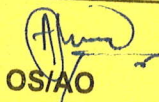

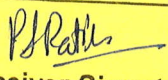
Paid to : Prof. Pravin S. Patil

Debit Account Head	Section Name	Amount
		500/-
		5
	Total	500/-

**Rs. In words** Five Hundred only  
**Being** Workshop Fee Paid

Ch. No.:

Date : 28-2-20

 Clerk       Accountant       OS/AO       Authorised Signatory       Receiver Signature

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Sr. No.

**BANK PAYMENT VOUCHER**

Date : 28-9-19

Paid to : Ahiraadha Kshirsagar

Debit Account Head	Section Name	Amount
		1000/-
		5
	Total	1000/-

**Rs. In words** One thousand only  
**Being** P.O.P Fees paid

Ch. No.:

Date : 28-9-19

[Signature]  
Clerk

[Signature]  
Accountant

[Signature]  
OST/AO

[Signature]  
Authorised Signatory

[Signature]  
Receiver Signature



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Sr. No. **BANK PAYMENT VOUCHER** Date : 23-7-19

Paid to : *G.S. Aholkar*

Debit Account Head	Section Name	Amount
		1725/-
	Total	1725/-

Rs. In words *one thousand seven hundred twenty five*  
 Being *International Conference Fees Paid*

Ch. No.: Date : 23-7-19

*[Signature]*  
Clerk

*[Signature]*  
Accountant

*[Signature]*  
OS/AO

*[Signature]*  
Authorised Signatory

*[Signature]*  
Receiver Signature

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Sr. No. **BANK PAYMENT VOUCHER** Date : 23-7-19

Paid to : *N. N. Deo*

Debit Account Head	Section Name	Amount
		1725/-
		S
	Total	1725/-

Rs. In words *one thousand seven hundred twenty five only*  
 Being *International conference fees paid*

Ch. No.: Date : 23-7-19

*[Signature]*  
Clerk

*[Signature]*  
Accountant

*[Signature]*  
OS/AO

*[Signature]*  
Authorised Signatory

*[Signature]*  
Receiver Signature