



Thesis Evaluation/Viva Remuneration Form

Name of Claimant _____ Designation _____ BPS. _____

College/Institute _____ appointed by the Controller of Examinations / Head of Department

as _____

DETAILS OF THE BILL

Department/Program: _____

No. of Theses: _____ Amount _____ @Rs.800/- each No. of Candidates _____ Amount _____ @Rs.400/- each

Total Amount Rs. _____ (Rupees _____ only)

Account No. _____ Mobile No. _____ Signature of the claimant _____

Signature of concerned HOD _____

(FOR OFFICE USE)

Dealing Asstt. _____

ACE/DCE _____

Voucher No/Date. _____

Cheque No/Date. _____

Controller of Examinations