Form PhD - 18

भारतीय प्रौद्योगिकी संस्थान गुवाहाटी शैक्षणिक कार्य अनुभाग गुवाहाटी ७८१ ०३९, असम, भारत



INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI ACADEMIC AFFAIRS SECTION

Guwahati 781 039, Assam, India

Remuneration Bill by External Examiner within India for Evaluation of PhD Thesis and / or Conduct of PhD Thesis Oral Examination (Viva-Voce)

1.	Name of the External Examiner : Prof. / Dr.															
2.	Mobile Phone Number of t External Examiner	he :	+91												100	
3.														1,		
4.	Address of the Examiner(required by PMFS for making payment)		11 = 35													
5.	Name, Roll Number and D the PhD Student:	epartment/ C	enter of		X.,	- ;										
6	Name(s) of Supervisors:								*							
7.	Date of PhD Thesis Oral (/iva-Voce) Ex	aminatio	n		.		1			1 1	1 0	T 0			
8.	Details of Bill Claimed (a) Honorarium for Thesis		variiiiatio		4			1			/D	2	0			
		(Payment from Account Code 57.1)														
	(b) Honorarium for Examiner of Thesis Oral Examination (c) Contingency (like Postage Expenses, etc) Please enclose the							Rs. 5,000/- (Payment from Account Code 57.1) Rs. (Payment from Account Code 57.5)								
	supporting document: Voucher / Bill / Receipt (d) Amount Claimed for Payment to the External Examiner related to his/her travel in the TA Bill enclosed herewith							Rs. (Payment from A/C 57.2)								
						-				(Claimed	in the	enclose	AT b	Bill)		
9.	(e) Total Amount Claimed	a = (a) + (b) + (b)	(c)+(a))		41	. :	Rs.				- 2					
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