

**EXAMINATION FUND**

**M.Phil/Ph.D VIVA-VOCE**

**Remuneration & TA / DA CLAIM FORM**

M.Phil/Ph.D viva-voce examination of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Register Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the Examiner :**

**University/College :**

**Address :**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **(1)**  **Sitting Fee** | **Mode of Travel** | **Class** | **From** | **To** | **(2)**  **Amount** | **Local Conveyance (3)** | | **(3)**  **Amount** | **(1+2+3)**  **Total** |
| **From** | **To** |
|  |  |  |  |  |  |  |  |  |  |  |

Claimed . . . .. . . . . …. (In words . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ……………………………………….only)

***Signature of the Research Supervisor Signature of the Examiner***