



UNIVERSITY OF CALICUT
(Directorate of Research)

BILL FOR REMUNERATION FOR EVALUATION OF Ph.D PQE
ANSWER SCRIPTS PAPER I, II & III

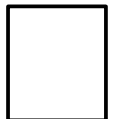
(All relevant columns should be filled properly, otherwise the claim will not be considered)

1.	Name of Examiner	
2.	Designation	
3.	Name of College	
4.	Scale of Pay	
5.	Permanent Address with Pin Code, Contact No. & e-mail Id	
6.	Bank A/C No. IFSC Name of Bank [With Branch]	
7.	PAN Number	
8.	Address to which cheque is to besent	
9.	Remuneration for evaluation Postal Charges (Postal receipt should be enclosed) Total	Rs. Rs. Rs. (Rupees.....only)

CERTIFICATE

Certified that the amount claimed in this bill has not been claimed previously and it is paid to me provisionally and I shall refund to the University any amount received, which is subsequently disallowed by Audit.

Contents received:



Signature of the Examiner with date:

Received the Answer Scripts after evaluation

Signature :

Name & Designation(CV Camp Chairman):

(For Office Use Only)

Passed for payment of Rs..... (Rupees.....only)

Assistant

Section Officer

Assistant Registrar

Director