**EXAMINATION FUND**

**Ph.D VIVA-VOCE**

**Remuneration &TA / DA CLAIM FORM**

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

**Name of the Examiner :**

**University/College :**

**Address :**

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| **Date** | **(1)****Sitting Fee** | **Mode of Travel** | **Class** | **From** | **To** | **(2)****Amount** | **Local Conveyance (3)** | **(3)****Amount** | **(1+2+3)****Total** |
| **From** | **To** |
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Claimed Rs.. . .. . . . . …. (In words . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ……………………………………….only)

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