

Ph.D. DC Meeting of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_ Register Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of the External Expert :**

**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 Rs.. . .. . . . . …. (In words . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . ……………………………………….only)

***Signature of the Research Supervisor Signature of the External Expert***