|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of Examiner (in **block letters**):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| 2. | Account Details | | **:** | **Information required for making payment.**  Name of Account Holder:  Account Number:  Bank Name :  Branch Name:  IFS / Swift / BI Code: | | | |
| 3. | Contact Number | | **:** |  | | | |
| 4. | Email | | **:** |  | | | |
| 5. | Assignment | | **:** | Thesis Evaluation of Mr./Ms./Mrs.  Reference Number: | | | |
| 6. | S.N. | Particulars | | | Remuneration | Total Amount | Remarks (If any) |
| 1 | Conducting the Ph.D. Viva | | |  |  |  |
|  | **Rate of Remuneration :**  National Examiner : ₹ 5000.00 (The remuneration will be paid during the viva defense)  Amount (in words): | | | | | | |
| 7. | Complete Mailing/Postal Address: | | | | | | |
| PIN/ZIP Code: Country: Mobile/Contact: | | | | | | |

***Signature of National Examiner***

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| ***For Office Use Only*** |

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| To  Account Section  BIT Mesra  Kindly pay an amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the examiner though DD/ cheque/ account transfer.    ***Controller of Examination*** |

**N.B:** *All fields are mandatory.*