

PERIYAR UNIVERSITY, SALEM – 636 011

**A5**

Claim form for Ph.D Doctoral Committee Meeting I /II

|  |  |
| --- | --- |
| Name (in block letters) |  |
| Official address |  |
| E-mail ID: |  |
| Phone No |  |
| Name of the Bank |  |
| Branch Name |  |
| Account Number |  |
| IFSC Code |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of the meeting** | **Name of the Candidate & Registration No** | **Subject** | **Amount (Rs)** |
|  |  |  |  |

Station : Signature of the Member with seal

Date :

Honorarium permitted for attending the DC Meeting :

Internal Member - Rs.500/-

Supervisor - Rs.500/-

External Member - Rs.500/-

Note : The amount claimed through this form will be credited to the above mentioned account.