

 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.