

Department of -----

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**PERIYAR  
MANIAMMAI  
UNIVERSITY**  
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Submitted to Registrar

**Lr. No: PMU/ NO: / year / Dpt / Dated:**

**Sub: First / Final DC Meeting, Comprehensive Viva Voce Examination, Synopsis Presentation, Public Viva-Voce Examination – Scholar Name – Department – Remuneration.**

First DC Meeting/ Comprehensive Viva Voce Examination/ Synopsis Presentation cum DC Meeting / Final DC Meeting/ Public Viva-Voce Examination has been arranged on ---- by ---am/pm at --- for Mr./Ms.----- (Reg.No:--) Part/ Full Time Research Scholar in the department of ----. Permission is requested for the payment of remuneration as detailed below

Sl.No	Members Details	Honorarium	Travelling Allowance	Total
01	Name, Designation, Institution - Supervisor			
02	Name, Designation, Institution - Examiner			
03	Name, Designation, Institution – Co Supervisor			
04	Name, Designation, Institution – DC Member			
<b>Total</b>				

**In Words:**

**Note:** Enclose No Dues certificate issued by Finance Section and proof of above members order copy.

**DC Meeting/ Compre Examination/  
Synopsis Fee payment Details**

Amount of Fees Paid	Receipt No	Date of Payment

**Research Supervisor**

**Remarks:**

**Date**

**HOD / \*\*\*\*\***

**Remarks:**

**Date:**

**CoE  
(Only for Public Viva Voce)**

**Remarks:**

**Date:**

**Dean / Research**

**Registrar**

**Periyar Maniammai University**  
**Vallam, Thanjavur**  
**No Dues Form**

**Name** :  
**Reg.No** :  
**Department** :  
**Name of the Course** : **Ph.D**  
**Date** :

**Signature of the AFO/ DFO:**  
**(For Fees Dues)**