

Department of -----

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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			
Total				
In Words:				

Note: proof of above members order copy.

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

Amount of Fees Paid	Receipt No	Date of Payment

**AFO/DFO
(for fee dues)**

Research Supervisor

Co-Research Supervisor

Remarks:

Date:

HOD / ****

Remarks:

Date:

Dean / *****

Remarks:

Date:

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

Remarks:

Date:

Dean / Research

Registrar

