

**A.N.D. UNIVERSITY OF AGRICULTURE & TECHNOLOGY  
KUMARGANJ, AYODHYA – 224 229 (U.P.)**

REMUNERATION BILL FOR THESIS EVALUATION/CONDUCT OF VIVA-VOCE EXAMINATION  
(PAYABLE FROM THE BUDGET OF REGISTRAR SECTION)

To,

**The Registrar,**  
A.N.D. University of Agriculture & Technology,  
Kumarganj, Ayodhya- 224 229 (U.P.)

Dear Sir,

I have examined the thesis/theses of the following students(s) and conducted his/her/ their viva-voce examination(s) on the date(s) noted against each:

| S.N. | Name of student | Id. No. | Name of degree course | Date  |
|------|-----------------|---------|-----------------------|-------|
| 1    | .....           | .....   | .....                 | ..... |
| 2    | .....           | .....   | .....                 | ..... |
| 3    | .....           | .....   | .....                 | ..... |
| 4    | .....           | .....   | .....                 | ..... |

It is therefore, requested that the payment of remuneration and contingency, as under, may please be made to me-  
A – Work done and Remuneration

| S.N. | Particulars                   | Rate | No. of students examined | Amount |
|------|-------------------------------|------|--------------------------|--------|
| i    | Thesis evaluation             |      |                          |        |
| ii   | Thesis Viva-voce              |      |                          |        |
| iii  | Thesis evaluation & Viva-voce |      |                          |        |
| iv   | Fellowship up-gradation       |      |                          |        |
| v    | Postage (Attach receipt)      |      |                          |        |
| vi   | Misc.- typing etc.            |      |                          |        |
| vii  | Total Amount (Rs.) Pay        |      |                          |        |

B- Payee, Account details

| S.N. | Particulars           | Information |
|------|-----------------------|-------------|
| a    | Name                  |             |
| b    | Account Number        |             |
| c    | Bank & Branch Address |             |
| d    | IFS Code              |             |
| e    | PAN number            |             |

Name & Address-

.....  
.....  
.....  
.....

Your faithfully

Signature of Examiner  
Date.....

Pre-receipt (on revenue stamp)

Received payment



Signature of the Examiner  
(Across revenue stamp with date)

**Verification of the Head, Department .....**

Certified that the incumbent has conducted the examination of the above student(s) of this department on the date(s) noted against each and the bill is verified for payment.

**Head,**

Department of .....  
A.N.D. University of Agriculture & Technology,  
Kumarganj, Ayodhya- 224 229 (U.P.)