

ANAND AGRICULTURAL UNIVERSITY, ANAND
Faculty of Post Graduate Studies

College: _____

Thesis Evaluation / Viva-voce/ Qualifying (Preliminary) examination of _____
 (Registration No _____)

Major Subject: _____ **Minor Subject:** _____

Name & Address of Examiner

In the subject: _____ at the thesis / viva-voce/ Preliminary examination
 of Shri/Mrs/Ms _____

University Appointment Order. No. AAU/ REG/Exam/PGT/

Sr. No.	Particulars	Rs.
1.	Honorarium for examining the Thesis of _____ student	
2.	Honorarium for Thesis, Viva-voce examination of _____ student	
3.	Honorarium for Preliminary Viva-voce examination of _____ student	
Total		
4.	Postage Charge (Postal receipt to be attached)	
5.	Deduction if any Voucher No: _____ Rs. _____ of dated _____	
Grand Total		

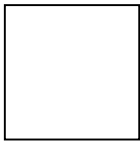
Note: All entries in this form must be filled in by the person preparing the bill. Forms in which entry is left blank will be returned for completion to the person preparing the bill. All bills shall be receipted in advance.

I herewith declare that I am a resident of _____ situated in the Republic of India in _____ state and income rules in force in the republic of India are applicable to me.

Date:
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Payment received



Countersigned by: _____

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(Signature of Major Guide)

Head Chargeable : _____

Grant Allotted : _____

Amount of this Bill : _____

Total Expenditure
including this Bill : _____

Balance : _____

Date:
Place

Principal & Dean