



राष्ट्रीय प्रौद्योगिकी संस्थान अगर्तला  
NATIONAL INSTITUTE OF TECHNOLOGY AGARTALA

BILL FOR REMUNERATION TO EVALUATE Ph.D. THESIS & ORAL EXAMINATION DURING OPEN DEFENSE VIVA

**Form NITA/ACAD/Ph.D./21**

Name of the Student	Roll No.	Department	Date of Oral Examination

S. N.	Name of the supervisor(s)	Designation	Address
1			
2			

Name of the Examiner	Designation	Address with contact number

**Details of Honorarium:**

Sl. No.	Description	Amount (Rs.)/ (\$)
1	Evaluation and Reporting	
2	Oral examination	
3	Contingencies (if any)	

Total =

**Information for electronic transfer of payment:**

Name of the Account		Account Number	
Name of the Bank		IFSC/SWIFT/Routing Number	
Branch Name			

Date:

**Signature of the Examiner**

Approved by **Dean, Academic Affairs**

This is for the use of Accounts section

The above information is found to be correct and passed for the amount stated below			
Amount (Rs)/(\$)		Amount (In words) Rupees/ Dollar	

**Dealing Assistant**

**Accountant**

**AR/DR (F&A)**