



Guru Nanak Dev Engineering College, Ludhiana.

(An Autonomous College u/s [2(f) and 12(B)] of UGC Act 1956)

AICTE Approved, NBA Accredited Courses, Punjab Govt. Aided Status,
Affiliated to IKG Punjab Technical University, Jalandhar, ISO: 9001:2008 Certified.



EXAMINER'S REPORT

Name of Course

Name of Candidate.....

Father's Name.....

University Roll No.

Title of Thesis.....

1. (a) Whether you recommend the acceptance of the thesis Yes/No: _____
for the award of Master of Technology/Degree.

(b) If "YES" with or without modifications
(Please do make specific recommendations).

2. Whether you recommend resubmission of the thesis after
revision (Please give details suggesting specific improvements
for the purpose).

3. (a) Whether you recommend rejection of the thesis? Yes / No: _____

(b) If yes, please state reasons in brief.

4. Whether the thesis merit distinction*. Yes / No: _____

EXAMINER'S REPORT (After conducting viva - voce)

(The examiner is requested to give his / her detailed report below or in separate sheet)

(Signature of External Examiner)

Name :

Designation :

University / College / Instt. :

Place :

Date :

(Signature of Internal Examiner)

Name :

Designation :

University / College / Instt. :

***Distinction will be awarded on the discretion of examiner if %age of marks obtained is 75% or more than 75%.**

Note : Please send this report in sealed envelope with seal of external & internal examiners along with a copy of thesis to the college.



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RECEIPT

Received Rs . 2000/- (Rupees two thousand only) on account of conducting

Viva-Voce examination of _____ Univ. Roll No. _____

a student of Master of Technology (_____) Full-Time / Part-Time

on _____

I will be paying Income tax on the above said amount as per rules.

Signature of External Examiner

Name _____

Designation _____

Address _____



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1. Name:- _____ (In Block Letters) 2. Father's Name:- _____
3. Address :- _____ Contact No.: _____
4. Designation:- _____ 5. Organization:- _____
6. Pay Scale/ Consolidated Salary:- _____ 7. Grade Pay:- _____
8. Date of Meeting/ Inspection:- _____ 9. Purpose of Meeting & Journey:- _____
10. Last Pay Scale & GP if Retired:- _____ 11. E-mail ID _____
12. Bank A/c No. (for ECS Payment) _____ Bank IFS Code _____

(A) Honorarium:-

S.No.	Particulars	Date		No. of Days	Rate of Honorarium	Total Amount (Rs.)
		From	To			
(B) TA/DA/ Local Journey/Toll Tax etc.						Total(A):-

Departure			Arrival			Mode of Journey & Vehicle No.	Distance for Road Mileage		Amount of Toll Tax etc.	Hotel/ NON Hotel D.A.	Total Amount (Rs.)
Date	Station	Time	Date	Station	Time		K.M.	Rate			
Please add additional form if required											Total(B):-

(C) Accommodation/ Lodging Claim

City	Place	Hotel Name & Address	Bill No.	Check IN Time/ Date	Check OUT Time/ Date	Room Rent Per Day	No. of Days	Total Amount (Rs.)
Total(C):-								

Grand Total :A+B+C= _____

Certified that:-

- (i) Particulars provided herewith are correct & that I have not claimed TA/DA for this Journey from any other Public Source and bill is submitted first time.
(ii) I was not provided free lodging and/ or Boarding at the cost of Govt./University or any autonomous body if provided please attach Boarding/Lodging/Both Bills.
(iii) Certified that I shall perform the return Journey from _____ to _____ in _____ Class.
(iv) Certified that I have traveled by shortest route and I will perform return Journey by same route and _____ mode of conveyance/ as claimed and _____ mode of conveyance

The above Meeting/ Journey claim is verified to be true & Correct.

Verified By:-



Signature of Claimant

Sign. & Name of officer (Concerned Department)

For Use by Accounts Office Only

Head of Account:- _____ Passed for Rs. _____/-

or return in original with remarks as attached

Dealing Clerk

Assistant Registrar

Director Finance

See Instructions Overleaf