



**GURU NANAK DEV ENGINEERING COLLEGE,
GILL ROAD, LUDHIANA (PUNJAB).
(An Autonomous College Under UGC Act)
Affiliated to Punjab Technical University.**



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 for the award of Master of Technology Degree Yes / No _____
(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 : _____

College / Instt. : _____

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 _____.*

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 | | | |
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| 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 the 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