FORM -A5-1

PERIYAR UNIVERSITY, SALEM – 636 011, TAMILNADU

Ph.D THESIS EVALUATION INDIAN EXAMINER

BANK ACCOUNT DETAILS

(The examiners are requested to send the filled claim form with following details for speedy payment of honorarium)

|  |  |  |
| --- | --- | --- |
| Name of the Examiner | : |  |
| Name of the Account Holder (As in Bank) | : |  |
|  |  |
| Nature of Account | : |  |
| **Account Number** | **:** |  |
| Bank Name &Address | : |  |
| City Name | : |  |
| Bank IFSC Code | : |  |

Signature of the Examiner with Seal