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|  | |  | **OFFICE OF THE ADDITIONAL CONTROLLER OF EXAMINATIONS (UNIVERSITY DEPARTMENTS)**  **ANNA UNIVERSITY: CHENNAI 25. Claim Form for Project Work II - External Examiner PG End Semester Examinations…May 2025…** | | | | | |
| **Name** | |  | | | | | | |
| **Designation** | |  | | | | | | |
| **Department** | |  | | | | | | |
| **Branch** | | ME Computer Science and Engineering | | | | **Semester** | | IV |
| **Course Name  & Course Code** | | CP3411 – Project Work II | | | | | | |
| **SI. No** | **Description** | | | **Rate per Student** | **No. of Students** | | **Amount**  **(Rs.)** | |
| **1** | **Thesis Evaluation Fee** | | | **Rs.150/-** | **7** | | **1050** | |
| **2** | **Viva Voce Examination Fee** | | | **Rs.100/-** | **7** | | **700** | |
| **3** | **TA/DA** | | |  | | | **500** | |
| **Total Amount** | | | | | | | **2250** | |

Received a sum of Rs. 2250/- (Rupees Two Thousand two hundred and fifty only )

**Date: Signature of the Examiner**

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| **Office Use Only** |
| Certified that………………………………………………………..has been approved by the Faculty Chairperson, Faculty of………………………………………………………………. To conduct the Project Viva Voce Examination……………………………………………………………..(Subject Code & Title) of …………………………………………………………………………..(Programme & Specialization) held on…………………………………………  The above claim bill by the examiner is approved and the bill may please be passed for payment.  **PASS ORDER**  Passed for Rs…………………..(Rupees………………………………………………………………….)  **CHIEF SUPERINTENDENT OF PG EXAMS HEAD OF THE DEPARTMENT**  **(Seal & Signature) (Seal & Signature)** |

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|  | |  | **OFFICE OF THE ADDITIONAL CONTROLLER OF EXAMINATIONS (UNIVERSITY DEPARTMENTS)**  **ANNA UNIVERSITY: CHENNAI 25. Claim Form for Project Work II - External Examiner PG End Semester Examinations…May 2025…** | | | | | |
| **Name** | |  | | | | | | |
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| **Department** | |  | | | | | | |
| **Branch** | | ME Computer Science and Engineering | | | | **Semester** | | IV |
| **Course Name  & Course Code** | | CP3411 – Project Work II | | | | | | |
| **SI. No** | **Description** | | | **Rate per Student** | **No. of Students** | | **Amount**  **(Rs.)** | |
| **1** | **Thesis Evaluation Fee** | | | **Rs.150/-** |  | |  | |
| **2** | **Viva Voce Examination Fee** | | | **Rs.100/-** |  | |  | |
| **3** | **TA/DA** | | |  | | | **500** | |
| **Total Amount** | | | | | | |  | |

Received a sum of Rs. \_\_\_\_\_\_\_\_\_\_/- (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

**Date: Signature of the Examiner**

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| --- |
| **Office Use Only** |
| Certified that………………………………………………………..has been approved by the Faculty Chairperson, Faculty of………………………………………………………………. To conduct the Project Viva Voce Examination……………………………………………………………..(Subject Code & Title) of …………………………………………………………………………..(Programme & Specialization) held on…………………………………………  The above claim bill by the examiner is approved and the bill may please be passed for payment.  **PASS ORDER**  Passed for Rs…………………..(Rupees………………………………………………………………….)  **CHIEF SUPERINTENDENT OF PG EXAMS HEAD OF THE DEPARTMENT**  **(Seal & Signature) (Seal & Signature)** |