



HEMCHANDRACHARYA NORTH GUJARAT UNIVERSITY, PATAN

PH.D. EVALUATION / VIVA VOCE BILL

- Note:** 1. All entries in this bill must be filled in by the person preparing the bill. Forms in which any entry or certificate is left blank will be returned for completion to the person preparing the bill.
2. All bills shall be received in advance.

Name (In Block letter): _____

College/Uni. Name: _____

Designation : _____ Subject: _____

Address : _____

City: _____

Mobile No. : _____

Email ID : _____

No.	Bill Detail	Amount
1	Ph.D. Thesis Evaluation	
2	Postal / Courier Charge (If the receipt is Attached, then Charge will be Admitted)	
3	Viva Voce	
	Total Rs.	

Bank Detail:

Account Holder Name	
Bank & Branch Name	
Account Number	
IFSC	

Date: / /20

Payment Received Signature

FOR OFFICE USE ONLY

Bill submitted of Rs. _____ And Bill passed for payment of Rs. _____
(in words) _____

Deputy Registrar