

No.F

Account

Voucher No.

Received from Registrar, Manonmaniam Sundaranar University, Thirunelveli a sum of Rs.....(Rupees).....by Cash / cheque in payment of

Station
Date
Paid by me
Signature of Disbursing Officer.....

Signature
Name.....
Address.....

Re.1
Revenue
Stamp

N.B:Revenue Stamp for Re.1/-should be affixed, If the amount exceeds Rs.5000/-but no stamp be if the bill presented for payment was duly stamped.

Note;The payment is made subject to audit by the Director of Local Fund Audit Chennai at the end of financial year.



மணமணிமயம் சுந்தரனார் பல்கலைக்கழகம்

Claim on the MANONMANIAM SUNDARANAR UNIVERSITY, Tirunelveli by

Thiru / Tmt. & Selvi _____

(IN BLOCK LETTERS)

Date	PARTICULARS	Amount	
		Rs.	Ps.
	(Rupees in words) _____		

Station _____
Date _____
Address _____

E.E. Contents Received

Countersigned

Signature and Designation

Re.1
Revenue
Stamp

Signature

Bill Passed
For Rs.
(Office use only)



MANONMANIAM SUNDARANAR UNIVERSITY

CENTRE FOR RESEARCH

ABISHEKAPATTI, TIRUNELVELI – 627 012, TAMIL NADU, INDIA



ACCOUNT DETAILS PROFORMA

CLAIM FOR DOCTORAL COMMITTEE MEETING / VIVA-VOCE EXAMINATION

Sl.No	Category	Details
1	Name of the Candidate	
2	Register Number	
3	Discipline	
4	Mobile Number	
4	Date of Viva Voce / Doctoral Committee Meeting (I / II / III)	
Payment Details		
6	Name of the Bank	
7	S.B Account Number	
8	Place of Bank	
9	I.F.S.C Code	
10	M.I.C.R Code	

Station :

Date :

Signature of the Candidate

Enclosures:

1. Copy of the First page of the Bank Pass Book.
2. Copy of the Viva-Voce Examination Communication Letter.
3. Copy of Fees Particular for Viva Voce Examination (DD/Challan)
4. Copy of Fees Particulars for Doctoral Committee Meeting [I / II / III] (Online Print Receipt / Challan)