

# KERALA UNIVERSITY OF HEALTH SCIENCES

Medical College P. O., Thrissur – 680 596, Kerala

www.kuhs.ac.in

## REMUNERATION BILL FOR SCRUTINY OF SYNOPSIS OF DISSERTATIONS

1. Name : .....PAN No. ....

2. Designation : .....Email : .....

Telephone (with code) - Land line : ..... Mob : .....

3. Name of the College : .....

Address : .....

.....PIN : .....

Telephone (with code) : ..... Fax (with code) : .....

4. Postal address to which cheque has to be sent : .....

.....PIN : .....

Name of Bank : .....

Account No. : ..... IFS Code : .....

Stream : ..... Course : .....

Year of admission : ..... Subject : .....

Sl.No.	Allotted synopsis for scrutiny		Rate (Rs.200/- per each synopsis)
	Name of College	No. of synopsis	
<b>Grand Total</b>			

Place : .....

Date : .....

Signature of Reviewer

### CERTIFICATE

This is to certify that Dr./Mr./Mrs./Ms. ....  
has scrutinized ..... (.....) synopsis of dissertations of  
..... on ...../...../ 20.....

**REGISTRAR**

For FINANCE SECTION USE		Amount
Passed for Rs. ....	adjustment Rs. ....	
Cheque Rs. ....	in words .....	
.....	Cheque No. ....	Date .....
Assistant	S. O. (Fin)	Finance Officer