**CENTRE FOR RESEARCH**

**DHANALAKSHMI SRINIVASAN UNIVERSITY**

Samayapuram, Tiruchirappalli – 621 112

**CLAIM FORM for TA/DA/Sitting Fee**

**Part-1**

Name of PhD Scholar : Part-time/Full-time:

Specialization :

Department & School :

Registration Number :

Mobile Number : Email ID:

Name of Supervisor :

Designation :

Department :

School/College :

Mobile Number : Email ID:

Purpose of Claim\* : First DC Meeting / Comprehensive VIVA-VOCE - Meeting / Annual

review meeting / Extension Meeting / Synopsis Meeting/ Public VIVA-

VOCE – Meeting / Any other meetings (specify)

Date & Time of Meeting:

**Details of Members (Name, Designation and Affiliation) of the Meeting**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Member 1** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
|  |  |  |  |  |

**\*Please attach the minutes of meeting**

Name & Signature of the Supervisor HOD Dean

**BILL for TA/DA/Sitting Fee (Check the rates in Annexure-I)**

**Part-2**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Claim head | Details of the Bill | Amount  (Rupees) |
|  | Travel  (Include details for each member) | \*Air / Rail fare from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to the venue of the meeting. |  |
| \*Air / Rail fare from the venue of the meeting to |  |
|  | Incidental Charges  (Include details for each member) | Availed institute empanelled taxi / Incidental charges from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to the venue of the meeting. |  |
| Availed institute empanelled taxi / Incidental charges from the venue of the meeting to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  | Sitting Fee | First DC Meeting / Comprehensive VIVA-VOCE - Meeting / Annual  review meeting / Extension Meeting / Synopsis Meeting/ Public VIVA-VOCE at the rate of Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_per member for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ student (s). |  |
|  | Others |  |  |
| **TOTAL** | | |  |

*\* Attach boarding pass for travel by Air*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bank Particulars** | **Member 1** | **Member 2** | **Member 3** | **Member 4** | **Member 5** |
| **Amount to be paid (Rupees)** |  |  |  |  |  |
| Name of the Account Holder |  |  |  |  |  |
| Account Number |  |  |  |  |  |
| Name of the Bank |  |  |  |  |  |
| Branch |  |  |  |  |  |
| Address |  |  |  |  |  |
| IFSC Code |  |  |  |  |  |

Name & Signature of the Supervisor HOD Dean

*For official purpose*

**Approved by**

DEAN – RESEARCH REGISTRAR

**Annexure – I**

**RATES OF REMUNERATION, SITTING FEE, TA & DA for Ph.D. Program**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl.  No. | Claim Head | Particulars | Rate per member (Rupees) |
|  | Sitting Fee | Doctoral Committee meeting | 1500 |
| Comprehensive Examination | 1500 |
| Annual Review meeting | 1500 |
| Synopsis meeting | 1500 |
| Viva Voce Examination | 3000 |
|  | Honorarium | For Indian Examiner for Thesis Evaluation | 5000 |
| Honorarium for Foreign Examiner for Thesis Evaluation | USD 200 |
|  | Travelling Allowance | Examiners from University/Institution within the radius of 30 km (to and fro) | 800 |
| Examiners from University/Institution within the radius of 30 - 60 km (to and fro) | 1000 |
| Members from University/Institution above 60 km | II A/C Train Fare or taxi fare at the rate of Rs.10 / KM |
| Examiners for Ph.D. VIVA-VOCE | Air Fare (as per GoI norms) / 1st AC Train Fare on the production of Tickets |
|  | Incidental Charge | Venue of the meeting to Airport / Railway station (Flat rate for one way) | 500 |
|  | Accommodation and Food | Bills may be reimbursed as per the eligibility criteria of the respective expert member, if the University guest house accommodation is not available. | |