

## UNIVERSITY OF BALOCHISTAN, QUETTA M.S/M.PHIL./PH.D. VIVA/DEFENSE REMUNERATION BILL

	No:	
Examiner:		
<b>Remuneration Bi</b>	ll for:	
Name:	Designation:	
Department / Center / Institute:		
University / Organization / Research In	stitute Name:	
Full Address of University / Organizati	ion:	
	Discipline:	
on Dated:at		·
REMUNERATION FOR	EXAMINER IS RS	
RUPEES (IN WORDS):		
	Dated:	
Verified by Chairperson / Incharge / Director, Department / Center / Institute <i>with Stamp</i>	OFFICE NOTE	Signature
The bill has been verified and checked	by	
Passed for Payment:		
C	ORDER FOR PAYMENT	

Superintendent, General Section Examinations

CONTROLLER OF EXAMINATIONS

TREASURER