



**INDIRA GANDHI NATIONAL OPEN UNIVERSITY  
MAIDAN GARHI, NEW DELHI – 110068**



**REGIONAL CENTRE JAIPUR**

**REMUNERATION BILL FOR EVALUATION OF DISSERTATION PROPOSAL**

PROGRAMME:.....

DATE:-

REMUNERATION BILL OF.....EVALUATOR

PROGRAMME Code:.....

EVALUATOR NAME : .....

DESIGNATION : .....

OFFICE ADDRESS : .....

.....

.....

S.NO.	CT.NO.	ENRNO.	PR.NO.	NAME OF THE STUDENT	AMOUNT
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**NAME OF THE EVALUATOR**.....

EV\_CODE.....

ADDRESS.....

.....

.....

.....

SIGN. WITH DATE.....