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

REMUNERATION BILL FOR GUIDANCE/EVALUATION OF PROJECT

1. Programme :……
2. Name of Guide/Evaluator :……
3. Designation :……
4. Official Address :……
   ……
   ……
5. Residential address :……
   a. ……
   b. ……

6. Telephone Nos. (O)……..(R)……(M)……..

7. Purpose (Please tick) : Project Guidance [ ]
   Project Evaluation [ ]

S.NO.	Course Code	Enrolment No.	Name of student	Amount
			Total	

Certified that I have evaluated/guided the above students for their Project Work and the Project/Field Work Journal have been submitted to the Study Center_____On_____

Date: **Signature of Guide/Evaluator**

Certified that the Project Work of above students have been sent to Student Evaluation Division vide letter No……..dated…….

Date: Signature of Study Center Coordinator with seal

DETAILS OF AMOUNT CLAIMED AND PAID

(Please submit in duplicate: Second copy will be returned along with payment)

LSC Code: **Month/Date:**

Vr.no.	Particulars/Claimant	Amount		Remarks
		Claimed	Paid	

Coordinator/PIC