***“UNMIED PG FORM L”***

**UNIVERSITY OF MEDICAL SCIENCES**

**LAJE ROAD ONDO**

 **THE POSTGRADUATE SCHOOL**

**CLAIM FORM FOR EXTERNAL, INTERNAL EXAMINERS, CHIEF EXAMINERS, SUPERVISOR, VICE DEAN AND PG SUB-DEANS FOR M.Sc, M.Phil, AND Ph.D DEGREE**

Name of Examiner (In Full)…………………………………………………………………..

(Block Letters Initial not Acceptable)

Address of Examiner & Phone No………………………………………………………………

Bank Details:

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Name of Candidate being Examined:……………………………………………………………

Reg. No:………………………………………………………………………………………… Degree for which Candidate was examined:……………………………………………………

Date of Examination:……………………………………………………………………………

Examiner’s Honoraria:…………………………………………………………………………

M.Phil/M.Sc.+ Thesis - N

Ph.D - N

Mileage (If applicable) …………………………………………………………..

Signature of External/Internal Examiner/Chief Examiner/PG Sub-Dean/Vice Dean/Supervisors: ……………………………………………………………………………

Signature of Chief Examiner: …………………………………………………………………

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