***“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:

1. Bank Name:……………………………………………………
2. Bank Branch:………………………………………………….
3. Account No:……………………………………………………
4. Account Type…………………………………………………
5. Bank Sort Code:………………………………………………

(f) E-mail Address:………………………………………………

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: …………………………………………………………………

FOR BURSARY OFFICIAL USE

Payment Authorized By: ………………………………………………………………………

Signature…………………………………………………..

Bursar