



ALHAMD ISLAMIC UNIVERSITY

Alhamd Research Centre (ARC)

www.aiu.edu.pk | www.alhamd.pk

To,

The Finance Manager,
Alhamd Islamic University.

REQUEST FOR EXTERNAL EXAMINERS PAYMENT

In reference to the defense conducted on _____ of the following scholar, the scholar details are as follows:

Registration No. _____

Scholar Name: _____

Semester: _____ Program: _____

Department: _____

Supervisor: _____

Research Title: _____

The above scholar MS/MPhil thesis reviewed and analyzed by:

External Examiner 1:

(Name, Designation and Affiliation)

External Examiner 2:

(Name, Designation and Affiliation)

Kindly release the Rs. 6,000/- (PKR) amount in cash for both external examiners.

Head of Department/Program Coordinator

Date: _____

DEAN

Date: _____

Director/Deputy Director ARC

Date: _____