



# ALHAMD ISLAMIC UNIVERSITY

Office of Research, Innovation and Commercialization (ORIC)

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To,

**The Treasurer/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. \_\_\_\_\_ (PKR) amount in cash for both external examiners.

\_\_\_\_\_  
**Head of Department/Program Coordinator**

Date: \_\_\_\_\_

\_\_\_\_\_  
**DEAN**

Date: \_\_\_\_\_

\_\_\_\_\_  
**Director/Deputy Director ORIC**

Date: \_\_\_\_\_