

## **EXTERNAL EVALUATION REMUNERATION PROFORMA**

Name of Examiner: Designation:						
Institut	e / Organization Name:					
Account Title: Account #:				nt #:		
Bank Name: CNIC #:						
No.	Name of Stud	dent	Program Name	Batch	Thesis Defense Date	Final Status
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Supervisor				_	Director QEC	
Recommended By					Approved by	
To be	filled by Accounts S	ection				
Amount Transferred						
Transfer Date						
				_		

**Account Officer Signature**