



St. Peter's Institute of Higher Education and Research

(Deemed to be University U/S 3 of the UGC Act, 1956)

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Ph.D. Thesis Evaluation Bill for Foreign Examiner

Name of the Examiner (*as per the bank record*):

Designation and Affiliation:

Name of the Institution and Address:

Name of the Research Scholar:

Registration Number:

Title of the Thesis:

Department:

BANK DETAILS FOR ACCOUNT TRANSFER

<i>Name (as per the bank record)</i>	
<i>Account Number</i>	
<i>TIN (Taxpayer Identification Number)</i>	
<i>Name of the Bank</i>	
<i>Address of the Bank</i>	
<i>Name of the Branch</i>	
<i>Postal Code of the Bank</i>	
<i>IBAN No.</i>	
<i>SWIFT Code</i>	
<i>Routing Number</i>	
<i>Mobile or Phone No.</i>	
<i>Email</i>	
<i>Currency</i>	

Signature of the Examiner

(Name in Capital Letter)

Place:

Date: