



National University
of Computer and Emerging Sciences



PhD Thesis Honorarium Form

SECTION-I – PhD Thesis Details (To be filled by GSC Office)						
Scholar Name		Roll #				
Admission Date						
Thesis Title						
Course Work	Start Semester		End Semester			
Comprehensive Exam	Date of Passing		Marks			
Synopsis Approved Date						
Research Work	Thesis-I	Thesis-II	Thesis-III	Thesis-IV		
Thesis Submission Date						
Approval by Two Foreign Evaluators	Reviewer Name-1	Date	Reviewer Name-2	Date		
Date of Defence				Final Submission		
Supervisor Details						
Supervisor Name		Employee ID				
Department		Campus				
Cell		Email				
Requested Honorarium						
Current Request	Thesis Stage		Honorarium Amount (Rs)	Honorarium paid (Please tick one)		Payment released on
	Description	Date		Released	Payment Due	
<input type="checkbox"/>	Synopsis Approval by BASR		50,000			
<input type="checkbox"/>	Successful submission of PhD Thesis (for foreign evaluation)		50,000			
<input type="checkbox"/>	PhD notification		50,000			
	Actual amount to be paid					

Attachments

Description (Please check relevant box)	Provided	Not Provided
Approval (Supervisor Workload)	<input type="checkbox"/>	<input type="checkbox"/>
BASR Minutes of Meeting	<input type="checkbox"/>	<input type="checkbox"/>
Filled Proforma	<input type="checkbox"/>	<input type="checkbox"/>
Prior Approval (Visiting Faculty)	<input type="checkbox"/>	<input type="checkbox"/>

Campus GSC Office (Please check relevant box)

Recommended <input type="checkbox"/>		Not Recommended <input type="checkbox"/>	
Comments			
Recommended Amount (Rs)			
Prepared & forwarded by	Designation		
Date:	Signature		

Campus HR (Please check relevant box)

Faculty	In service	On leave	Retired/Terminated	On Long Leave (> Six moths)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date:	Signature			

Campus Accounts

Code	Head Name	Budgeted Amount	Requested Amount	Remaining Budget
730100007	Project & Thesis Expenses			
Total Research Budget				
Date:	Signature			

Campus Director

Remarks	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>
Name		
Date:	Signature	

NUCES-HQ**Payroll Section**

Previously processed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Amount to be released		
Mode pf payment	Salary <input type="checkbox"/>	Fund Request <input type="checkbox"/>
Remarks		
Name	Designation	
Date	Signature	

ORIC

Remarks by Grants Management Officer			
Date	Signature		
Director ORIC	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	
Date:	Signature		

Internal Auditor

Remarks	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	
Name			
Date	Signature		

Treasurer

Remarks	Recommended <input type="checkbox"/>	Not Recommended <input type="checkbox"/>	
Name			
Date	Signature		

Rector

Remarks	Approved <input type="checkbox"/>	
	Not Approved <input type="checkbox"/>	
Name		
Date	Signature	

Disbursement

Salary (Payroll section)		Fund Request (Accounts)	
Amount (PKR)		Amount (PKR)	
Name		Name	
Designation		Designation	
Date		Date	
Signature		Signature	