##### UDSM/ PG.F11



**UNIVERSITY OF DAR ES SALAAM**

**INTERNAL EXAMINER’S CLAIM FORM FOR DISSERTATIONS AND THESES**

I Dr/Prof.……………………………………………………..certify that:

In connection with my appointment as an Internal Examiner in the College/School/Institute of ………………………………….....................................................................................I have examined the following candidate(s)\*

*(Please fill in the number of candidates examined and list their names and registration numbers in the table below)*

*Candidates Examined\**

|  |  |  |  |
| --- | --- | --- | --- |
| *S.N* | *Name* | *Registration Number* | *Degree Programme* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I have signed the appropriate mark sheets and I attach my report on the examinations;\*\* and

+ I wish/ do not wish to claim my honorarium and reimbursement of expenses incurred in connection with my duties as Internal Examiner.

(Details) (Amount)

Honorarium for ………… candidate(s) ............. …….………........

++ Refund of other expenses incurred:

……………………………………………………………. ……........……..........……

……………………………………………………………. ….........……….........……

Total T.Shs ===================

My honorarium should be paid to me at the following address:

…………………………………………………………………………………….............................…………

…………………………………………………………………………………..............................…...............

Account Name: …………………………............................................................................................…

Account Number : ………………....................................................................................................…

Bank Name : ………………..............................................................................................................…

Examiners Mobile No:........................................................................................................................

Other A/C details:

………………………................................................................................................….…......……….......

Signature: ........................................................................... Date: ……………………………..………

Head of Department’s Signature and Official Stamp: …………………............ Date: …………………

\*\* If you wish any part of your report to be considered confidential so far as the Department is concerned, please indicate this clearly.

+ Please delete what is not applicable.

++ Please give details and amount of out of pocket expenses incurred, e.g. Postage of dissertations/theses, etc.(NB: relevant receipts should be attached).