



**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\**

<i>S.N</i>	<i>Name</i>	<i>Registration Number</i>	<i>Degree Programme</i>

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: .....

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\*\* 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).