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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

FORM-II

CPDA claim for reimbursement of following:-

I. Membership Fee for Professional Bodies:

- ✓ Acquiring Membership of Professional Bodies/Societies, both National and International. Maximum memberships of three professional bodies/societies from CPDA grant in one block year.
- Prior approval must be taken for any expenditure.

II. Contingent Expenses:

- ✓ Consumables such as chemicals, laboratory glassware, charges for synthesis & analysis of samples for pursuing research.
- ✓ Purchase of stationary, books & related items.
- ✓ Computer related consumables such as external storage devices, cartridges.
- Total expenditure shall be up to a maximum of 30% of the CPDA (i.e., ₹90,000/-) for the three years period.

Name : _____ Employee Code: _____

Designation : _____

Department : _____

The following is the statement of account for the Membership Fee of Professional Bodies, purchase of consumables, stationery, books & related items, computer related consumables such as external storage devices, cartridges. The relevant cash memos/bills/vouchers are enclosed herewith:

S. No.	Items	Invoice No.	Date	Vendor/ Professional Body	Amount (in ₹)	Remarks
01.						
02.						
03.						
04.						
05.						
06.						
07.						
08.						
09.						
10.						

S. No.	Items	Invoice No.	Date	Vendor/ Professional Body	Amount (in ₹)	Justification
11.						
12.						
13.						
14.						
15.						
16.						
17.						
TOTAL					₹	

Stock entry has been done at S.No. _____ of page no. _____ of Departmental CPDA stock register and also back side of the original bill with certification.

Rupees _____ may be reimbursed.

I am aware that, if at any stage the information/documents furnished above is found to be false, I am liable for disciplinary action under CCS Conduct Rules, 1964.

Date: _____

Signature of applicant

Forwarded Not Forwarded

Recommended Not Recommended

Counter Signature of HoD

Dean (Faculty Welfare)

FOR OFFICE USE ONLY

a) Settlement of claim of Prof./Dr./Mrs./Ms./Mr. _____

b) Total Ceiling Limit: _____ c) Balance Available: ₹ _____ d) Present Claim: ₹ _____

e) Claim admissible: ₹ _____ f=c-e) Balance available after reimbursement: ₹ _____

Jr. Asstt. (Estt.)

Superintendent (Estt.)

Asstt. Registrar (Estt.)

Superintendent (A/cs.)

Approved Not Approved

Assistant Registrar (A/cs.)

Dean (P&D)

Registrar

Director

To,
Establishment Section

NOTE: Establishment Section shall forward photocopy of this form to Accounts Section for payment.