

राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड
NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref.No. _____

Date: _____

ADVANCE FORM

Name :- _____

Designation:- _____ Deptt :- _____

Purpose & Justification: - _____

Amount ₹ _____ (in Words) _____

Any Earlier Outstanding Advances :- Yes No (Tick whichever is applicable)

If yes, state reason for non-settlement _____

Note: I undertake to spend the advance only for the purpose mentioned above and settle the advance within 15 days of receipt.

Signature of Employee

Signature of HoD/Section Head/ Coordinator

(For Office Use Only)

❖ Financial Year 20____ - ____ Budget Head _____

❖ Passed for ₹ _____ (in Words) _____

Dealing Assistant (A/c)

Superintendent (A/c)

Assistant Registrar (A/c)

HoD/Associate Dean

Dean/Registrar

Approved / Not Approved

DIRECTOR