

**राष्ट्रीय प्रौद्योगिकी संस्थान, उत्तराखण्ड**  
**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.						
<b>TOTAL</b>					₹	

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./Dy. Registrar (Estt.)

Superintendent (A/cs.)

Asstt./Dy. Registrar (A/cs.)

Registrar

Dean (FW)

Director

To  
Asstt./Dy. Registrar (Establishment)

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