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NATIONAL INSTITUTE OF TECHNOLOGY, UTTARAKHAND

Ref. No. _____

Date: _____

FORM-II (PDF claim of Trainee Teachers for reimbursement of following):

I. Membership Fee for Professional Societies	:	<ul style="list-style-type: none"> • Acquiring Membership of Professional Bodies/Societies, both National and International. Maximum memberships of three professional bodies/societies from PDF grant in one block year.
II. Contingent Expenses	:	<ul style="list-style-type: none"> • Publication of quality papers and procurement of books, related to relevant field.

Name: _____ Emp. Code: _____

Designation: _____ Basic Pay: _____

Department: _____ Date of Joining: _____

The following is the statement of account for the Membership Fee of Professional Societies, publication of quality papers and procurement of books, related to relevant field. 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.						
TOTAL					₹	

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. I have also taken the prior approval for the above expenditure (copy enclosed).

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 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.