



INDIAN INSTITUTE OF PETROLEUM AND ENERGY

Visakhapatnam

Claim Form for Reimbursement out of Contingency Fund

S. No.	Item	Particulars
01	Name of Research Scholar	
02	Date of Joining	
03	Department	
04	Roll No.	

05	Details of Claim (Attach an additional sheet in the same format if needed)		
Sl.	Description of expenditure	Bill/Invoice No. [Original/Self-certification attested by Guide]	Claim Amount (in Rs.)
(i)			
(ii)			
(iii)			
(iv)			
(v)			
Total Amount :			

Certified that the above expenditures have been exclusively for research purpose and these have not been claimed from any other fund/project/ etc., either in or outside the institute.

Date:

Signature of Research Scholar

Signature of Supervisor with Date

Signature of HOD with Date

IA

FO

DoAA for Sanction