**CLAIM FORM FOR PROFESSIONAL GROWTH FUND (PGF)**

|  |  |
| --- | --- |
| Name of the Faculty |  |
| Designation |  | Emp Code |  |
| Department |  | Financial Year |  |

Reimbursement Submitted for : Amount Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Amount Claiming Under : Professional Growth Fund

Reimbursement amount entered in department Stock Register:

Name of the Stock Registrar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Page No. \_\_\_\_\_\_\_\_\_\_\_\_\_ S. No.\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that the above claims are being made (with bills/receipts/details in the attached sheets) and may be reimbursed from the balance available in my PGF account.

 Signature of the Faculty with date

Recommended / Not Recommended forwarded with remarks

 Date: Signature of Head of the Department

**F & A Division**

PGF Balance available as on date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dealing Assistant Asst. Registrar / Superintendent (Accounts)

**Internal Audit**

Internal Audit Remarks: Bills checked in Audit for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Internal Auditor

Approved / Not Approved

Director / DOFA

Forwarded to F&A for reimbursement of expenses: