|  |
| --- |
| **Claim Form for Reimbursement out of Contingency Fund** |

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Item** | **Particulars**  Form No: PH.D.:08 |
| 01 | Name of Research Scholar | Form No: PH.D.:08 |
| 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***