



राष्ट्रीय प्रौद्योगिकी संस्थान हमीरपुर
हमीरपुर (हि.प्र.) – 177 005 (भारत)
NATIONAL INSTITUTE OF TECHNOLOGY HAMIRPUR
HAMIRPUR (H.P.) - 177 005 (INDIA)
(An Institute of National Importance under Ministry of HRD)

SBI A/c _____

[Format for Reimbursement]

Format for reimbursement upto 25,000/- (Rupees Twenty Five Thousand only) under the head(s) "B" & "C" of Cumulative Professional Development Allowance (CPDA)

Period from.....To.....YEAR I/II/III (Strike out the non-application of the current Block Year **2021-2024**.)

Balance Available for current year.....

Name of Faculty :Designation.....

Department/Centre :

Sl. No.	List of Activities	Current Claim (Rs.)	Claims already settled/ submitted for settlement		Total (Rs.)
			Current Year	Current block	
1.	Membership Fee for Professional Bodies:				
	➤ Acquiring Membership of Professional Bodies/ Societies, both National and International. Maximum Memberships of three professional bodies/ societies for CPDA grant in one block year.				
2.	Contingent expenses:				
	➤ Consumables such as chemical, laboratory glassware, charges for synthesis & analysis of samples for pursuing research.				
	➤ Purchase of stationary, book & related items.				
	➤ Computer related consumables such as external storage devices, cartridges.				
Total Rs.					

In words Rs.....

Certificate

I certify that the amount has been utilized (as per the list of activities) indicated above. I take full responsibility for any clarification required on the expenditure as and when required.

Enclosures. 1..... 2.....
3..... 4.....
5..... 6.....

Signature
(Name of the Faculty)

Note:

1. Prior administrative/ financial approval is required to be attached for any re-imbursement of any expenditure under CPDA.
2. Each Voucher, Bill, Participation Certificate is required to be signed at the backside with date, by concerned faculty member.
3. Reimbursement claim must be verified/ checked by the concerned HOD/HOC.

Sanctioned for Rs. _____.

(Signature of HOD/HOC)

Assistant Registrar (A&F)