INDRAPRASTHA INSTITUTE of INFORMATION TECHNOLOGY DELHI

Claim Form for Reimbursement out of PhD Contingency Fund

Name of the student		Roll No.	
Name of the advisor(s)			
Source of Contingency			
Total claimed amount			

Details of claimed amount

S. No.	Nature of Expenditure	Bill/Invoice No. and Date	Amount (Rs.)	Document in Support Attached (Yes/No.)

Certified that original bills and other copies of the claims are enclosed and these have not been claimed from any other fund / project etc.-either in IIITD or outside the Institute.

Date :   **Signature of the student**

Date :   **Advisor Approval**

For Use of Academics Division

The mentioned expenditure has been checked from the records of the Division. The expenditure is within the approved limits. May please be approved.

Date :   **JM/ AM (Academics)**

Manager (Academics) / Academic In-Charge

DoAA

For Use of F&A Division

Checked and passed for payment of Rs…………………(Rupees…………………………………………….

(Assistant-Accounts)   **(Assistant Manager-IRD/ Finance)**

CoF