**(Form- 2-B)**



***.................................................................................................................***

**SBI A/c\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**[Format for Reimbursement]**

**Format for reimbursement more than 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 : ………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SI. 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** ` |  |  |  |  |

In words `………………………………………………………………………………………………………………..

**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 back side with date, by concerned faculty member.

3. Reimbursement claim must be verified/ checked and forwarded by the concerned HOD/HOC.

PTO

**Recommended and forwarded for the Sanction of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please.**

**(Signature of HOD/HOC)**

**Sanctioned for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registrar**

 **Assistant Registrar (Accounts & Finance)**