**(Form- 3-B)**



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

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

**[Format for Reimbursement]**

**Format for reimbursement under the head “A” 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.** | **Presenting Papers and attending National & International Conferences/ Workshops:** |  |  |  |  |
| * Presenting of Papers and attending National & International Conferences/ Workshops/ Symposia/ Special training in India & abroad.
 |  |  |  |  |
|  **Total** Rs. |  |  |  |  |

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)**

**Sanction for Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registrar**

 **Assistant Registrar (Accounts & Finance)**