



Name of the Claimant:

Department: _____ Faculty ID: _____

Sr. No.	Expenditure Head	Admissible amount	Current claim	Balance carried fwd
01	(1a) National (1b) International conferences (1c) Workshops (Prior approval to be enclosed)	<u>Rs.2.1 Lakhs in 3 years block</u> Max Rs. 1.0 Lakh in first year of block Rs. 1.0 Lakh in second year of block Rs. 10,000 in the third year of block		
02	<u>Membership Fees for Professional Bodies</u> (Prior approval to be enclosed for new membership. Prior approval deemed to be granted for renewal of Max 3 memberships in one year)	Total Rs. 90,000/- in 3 years block (Rs. 30,000/- per year) Max. Rs.10,000/- per year towards Purchase of books/ periodicals, publication fees in web of science etc. suitable for professional development]		
03	Contingent Expenses: (Prior approval deemed to be granted for items listed below)			
	a) <u>Any consumables for research-</u> consumables for UG/PG/Ph.D. projects like chemicals, fabrication, add on controller boards, preparation of lab models etc.			
	b) <u>Stationery</u> items like bond papers, covers, files, folders, Xerox, posters, binding etc.			
	c) <u>Computer Consumables</u> like connectors, USB hubs, cables, port converters, pen drives, external HDDs, cartridges and refilling thereof, repairs of printer/ scanner/ laptops/ desktops, Antivirus.			
	d) <u>Purchase of Books / Periodicals,</u> publication fees in web of science etc. suitable for professional development			
	e) <u>Fees For Filing Patents,</u> extra pages in journals etc.			
	f) Any other item (with Prior approval)			
	TOTAL (Rs.)	<i>Rs.3.00 lakhs in 3 years block</i>		

CERTIFICATE

I hereby certify that the amount has been utilized under the heads indicated above. The purchases are made from reliable supplier at reasonable prices. I take full responsibility for maintenance of proper records and any clarification required on the expenditure as and when sought. I will produce records of non-consumable items purchased under CPDA to stock verification officers during stock verification of the Department. I have enclosed copy of approval(s) wherever required and each voucher/ bill/ participation certificate is duly signed by me at the back side with date.

(Signature of HoD)

(Signature of Claimant)

FOR OFFICE USE ONLY

1. Block Year 20 _____ - 20 _____	6. Dealing Assistant
2. Opening Balance (Qtr. Ended)	7. AR.(Accts)/Supdt/IAO

3. Current Claim Admitted	8. Jt. Reg. (Accts)
4. Sub Total for the Block Year	9. Dean (P&D)
5. Balance Available (2-3)	10. DIRECTOR