



NATIONAL INSTITUTE OF TECHNOLOGY GOA
Farmagudi, Ponda Goa- 403 401

Department: _____

No.NITG/ _____

Date: _____

Request for Processing of Reimbursement from Ph. D Contingency Grant Under MHRD Fellowship Scheme

- **Yearly Limit of Contingency Grant Rs. 15,000/- Only**

(The students can use their contingency grant towards their academic development. Purchase of books, stationary, consumables and travel support for academic visits, conferences and workshops related to research activity.)

01. Name of Ph. D Student :- _____
02. Roll No. :- _____
03. Date of Admission :- _____
04. Department :- _____
05. Name of Guide :- _____
06. Claim for Financial year :- _____
07. Total Amount Claimed :- _____
08. Bank Account No: :- _____
09. Bank Name with Branch :- _____
10. IFSC Code :- _____

Student Signature

Signature of Guide

Signature of HoD

Supt./Asst. Registrar. (F&A) I/c

Registrar I/c

Director

Instructions:-

- For travel support for academic visits, conferences and workshops prior approval required from competent authority and submit Travel form along with tickets, bills and original office order for travel with this reimbursement form.
- Last of date of submission of reimbursement form to administration department is 10th March of every year.
- No carry forward for contingency grant to next year.
- Original bills for purchase of books, stationery, consumables for research activity submit to administration department duly certified and signed by student as well as counter signed by guide to back side of bills by 10th March every year.
- New admission students are eligible to claim contingency for that particular financial year proportionately.

Part A:- For Conferences/Workshop/Seminar

| Sr. No | Office order no & Date | Train Tickets Amount | Food Bill (Per Day Rs.150) | Hotel Bill (Per Day Rs.700) | Local Bill (Per Day 100) | Total Amount |
|-------------------------------------|------------------------|----------------------|----------------------------|-----------------------------|--------------------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Add Registration fees if any | | | | | | |
| Total of A | | | | | | |

>>>> Original bills must require for reimbursements.

Part B:- For Books/Consumables/Stationery

| Sr. No | Supplier Name | Bill No | Date | Description of Items | Qty | Total Amount |
|-------------------|---------------|---------|------|----------------------|-----|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total of B | | | | | | |

>>>> Original bills must require for reimbursements.

>>>> Payment above Rs.5000/- must pay through Net Banking /Cheque/or any other online mode except cash.

Total Claim Amount A + B = _____

*Purchase of Capital items not allowed (e.g. printer, scanner, computer etc.)