



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati

Form No. Gen/20

Contingency Expenses Reimbursement Form

1. "Contingency" A/c Code of the concerned academic Dept./Centre: _____
2. Funding Agency [Institute/ CSIR/INSPIRE/other (please mention)]: _____
3. Name of Claimant (in BLOCK letter): _____
4. Programme (Please tick [✓]): **M. Tech / M. Des / Ph. D / Dual (M. Tech + Ph. D)**
5. Roll No.: _____
6. Department / Centre: _____
7. Month and Year of Joining: _____
8. Mobile No.: _____
9. Amount of reimbursement (Maximum Rs.5,000/- per annum): _____
10. Bank A/c No. of the claimant: _____
11. IFSC: _____ Name and Branch of Bank: _____

DETAILS OF EXPENDITURE*					
Sl. No.	Description of Items	Voucher No & Date	Qty.	Rate	Total Amount
1.					
2.					
3.					
4.					
5.					
Total Expenditure					

(Rupees _____ only)

I Declare that all the Vouchers / Bills / Cash Memos have been attached chronologically with self-attestation. I also confirm that the reimbursement claim has been done on one-time basis for financial year _____

Signature of Claimant

For Office use only (DEPARTMENT/CENTRE):

All bills/invoices have been checked and verified. Also certified that the claimant is a 'Registered' Regular student of M.Tech/M.Des/MSR/PhD/Dual Degree programme.
The reimbursement claim amount has been entered in the BPS.

Approved / Not-Approved (Please tick [✓] whichever is applicable)

Dealing Assistant

HOD / HAC

For Office use only (FINANCE & ACCOUNTS SECTION):

Checked and passed for payment of ` _____ (Rupees
_____ only) towards the claim.

Dealing Assistant

Accounts Officer (F&A)

AR / DR (F&A)

REGISTRAR / DIRECTOR