CPDA Adjustment/Reimbursement Form

Name:

Designation:

PF No.:

Purpose:

Advance taken:

Adjustment/Reimbursement submitted for Rs.:

I hereby declare that I have uploaded & updated all my achievements (including publications, visits, projects etc.) on **Institute's website and EIS module on** DD/MM/YYYY.

Signature of Applicant

Date

Recommended & Forwarded by HOD:

Recommended & Forwarded by Prof. I/c- (RSPC):

Internal Audit

Bill checked in Audit for Rs. ……………………..

Dealing Asstt. (IA)   AR/DR (IA)
Name:…………………….   Name:………………………………

Establishment

Balance available as on date: ……………………..

Adjustment/Reimbursement amount entered in PDA Register on Page no. ………………

Dealing Asstt. (Estt.)   AR/DR (Estt.)
Name:……………………………………   Name:…………………

Sanctioned / Not Sanctioned

Director

AR (F&A) for adjustment of advance/ reimbursement of expenses