

CLAIM FOR REIMBURSEMENT UNDER CPDA

NAME OF THE CLAIMANT: _____

DESIGNATION: PROFESSOR/ASSOCIATE PROFESSOR/ASST. PROFESSOR DEPARTMENT : _____

GRADE PAY:

HEAD QUARTER: RAIPUR

details of claim amount

	Membership of Professional Society (upto 15,000/-)	Purchase of Book's Subscription Journal Research Paper Print (upto 10,000/-)	Computer Peripheral Printer (upto 5,000/-)	Stationary Material for Course Preparation Teaching Aid's & Book Working (upto 1,000/-)	Publication in National International	Other's
Amount						
Bill No.						
Bill Date						

Total Amount Claimed -

Note :-

1. *This bill is preferred for the first time.*
2. *Original bill is submitted with this form signed with a footnote "Paid by me".*
3. *Undertaking is attached with this claim.*

Signature of Employee

For Office Use

Total Amount Admissible -

Net Payable/Receivable -

Assistant Registrar
(Estt. Section)

Deputy Registrar
(Admin)