**CLAIM FORM FOR REIMBURSMENT 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 15,000/-)** | **Computer Peripheral Printer Printer (upto 10,000/-)** | **Stationary Material for Course Preparation Teaching Aid's & Book Working (upto 2,000/-)** | **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 -

# Deputy Registrar Joint Registrar

(Estt. Section)