



भारतीय प्रौद्योगिकी संस्थान गुवाहाटी
Indian Institute of Technology Guwahati
ACADEMIC SECTION

Form No. Gen/20

Contingency Expenses Reimbursement Form

1. "Contingency" A/c Code of the concerned academic Dept./Centre: _____
2. Name of Claimant (in BLOCK letter): _____
3. Programme (Please tick [✓]): M. Tech / M. Des / Ph. D / Dual (M. Tech + Ph. D)
4. Roll No.: _____
5. Department / Centre: _____
6. Session: _____
7. Contact Phone No.: _____
8. email: _____
9. Amount of reimbursement (Maximum Rs. 5,000/- per annum): _____
10. Bank A/c No. of the claimant: _____
11. Name and Branch of Bank: _____

DETAILS OF EXPENDITURE*

Sl. No.	Description of Items (Voucher No.)	Voucher Date	Qty.	Rate	Total Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Expenditure					

Note: * To be submitted on one-time basis only latest by the month of February for a financial year.
(Rupees _____ only)

Certified that the reimbursement claim has been done on one-time basis for financial year _____
Signature of Claimant

Recommended / Not-Recommended

HOD / HAC

[Vouchers / Bills / Cash Memos are to be attached chronologically with self attestation by the Claimant]

For Office use only (ACADEMIC SECTION):

12. Whether the above referred person is a MHRD funded registered "Regular" M.Tech./M.Des/Ph.D./Dual (M.Tech + Ph.D) student or not? [Yes/No] _____ If 'No', the status is _____

Dealing Assistant

DR / AR (Acad.)

DOAA / ADOAA

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