



**NATIONAL INSTITUTE OF TECHNOLOGY,
PUDUCHERRY, KARAIKAL**

FORM-2 Reimbursement from CPDA

1. Name:
2. Emp. No: Mobile No.:
3. Designation:
4. Department:
5. Financial Year:
6. Block Year:
7. Details of amount spent in all Activities so far:

Activity	Amount spent in First year of the Block (I)	Amount spent in Second year of the Block (II)	Amount spent in Third year of the Block (III)	Total * (I)+(II)+(III)	Amount available for the current Year ** 20__ - 20__
Activity - A					
Activity - B					
Total					
	(not exceeding one lakh)	(not exceeding two lakh for first and Second year)			
Grand Total					

** : One lakh minus (*) for the first year/two lakhs minus (*) for the second year/3 lakhs minus (*) for third year

8. The Details for reimbursement as per the approval for the present Claim:

(Enclose separate sheet, if required)

Activity	Details of Registration fee/TA/DA/other permitted fee/membership fee/ Contingent	Reg. Fee No./ Receipt. No./ Bill. No. & Date	Amount	
			Sanctioned	Available
Activity - A				
Activity - B				
Total				

Certificate:

I certify that the receipts/bills submitted are as per the Activities stated above of the guidelines of the CPDA norms. I take full responsibility for any clarification and refund or to deduct from my salary if is it not as per the guidelines of CPDA.

Signature of Faculty with date

**Recommended & Forwarded
Head of the Department**

Associate Dean (Faculty Welfare)

Verified and found in order. Necessary entries made in the PDA Register	
- ACCOUNTS SECTION	
Recommended – REGISTRAR	
Approved - DIRECTOR	