



Birla Institute of Technology & Science, Pilani
Hyderabad Campus
Academic-Graduate Studies and Research Division

Reimbursement of Contingency fund

To
The Associate Dean
Academic-Graduate Studies and Research Division

Project ID/Budget Code:
Activity ID:
Analysis Code:

I would like to request your approval for reimbursement of the following and further necessary actions.

Student Name		ID No.:	
Supervisor Name			
Department			
Source of Contingency	Institute/DST Inspire/ICMR JRF or SRF, LTMT, DBT JRF or SRF, others...)	Total claimed amount(Rs.)	

Details of claimed amount					
S. No	Nature of Expenditure	Bill/ Invoice No.	Date	Amount (Rs.)	Document in Support Attached (Yes/No)

Certified that original bills and other copies of the claims are enclosed and these have not been claimed from any other fund/ project etc. either in BITS or outside Institute.

Date: _____ **Signature of the Student** _____ **Signature of Supervisor** _____

Payment details:

Bank Account no.	IFS Code	Name of the Bank	Branch Name

AGSRD Office Purpose:

Released Amount/Unspent Balance	Current expenses	Balance

Forwarding remarks (If any):

Approved/Not Approved

Associate Dean, AGSRD