

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI
K.K.BIRLA GOA CAMPUS
ACADEMIC GRADUATE STUDIES & RESEARCH DIVISION (AGSRD)
FORM FOR CLAIMING REIMBURSEMENT OF CONTINGENCY GRANT ONLY FOR
THE SELF SPONSORED FELLOWSHIP

Date: _____

1. Name of the Student _____

2. ID. No. _____

3. Department _____

4. PhD. Area / Title _____

5. Details of items purchased:

Sr No	Item	Paid to (Cash Memo/Date)	Amount (Rs.)

Total :Rs

Amount in words Rs. _____

Recommended By

Signature of Student

Signature of Mentor/Supervisor

Signature of Head of the Department

Associate Dean (AGSRD)
Forwarded to Finance Officer