

**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 FOR**  
**INSTITUTE FELLOW**

Date: \_\_\_\_\_

1. Name of the Student :
2. ID # :
3. Department :
4. PhD Area/Title :
5. Details of items Purchased:

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

Total: \_\_\_\_\_

Amount in words Rs. \_\_\_\_\_

Signature of the Student

Recommended by

Signature of Mentor/ Supervisor

Signature of Head of Department

Associate Dean - AGSRD