

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI (RAJASTHAN)

Relocation Expenses Claim Form

Date: _____

Name of the Faculty Member _____ PSRN _____

Designation _____ Department _____ Date of Joining _____

Eligibility Limit for Reimbursement of Relocation Expenses (Please see the rules):

☐

Rs. 1,00,000/-

☐

Rs. 50,000/-

☐

Rs. 25,000/-

(Table A) Ticket Details:

S.No.	Ticket Details		Date of Journey	Amount (Rs.)
	From	To		
Total Rs.				

(Bills to be attached)

(Table B) Luggage Shifting Details:

S.No.	Luggage Shifting Details		Date of Booking	Amount (Rs.)
	From	To		
Total Rs.				

(Bills to be attached)

Grand Total _____

Amount in words Rs. _____

Forwarded

Controlling Officer

Signature of Claimant

(For Office Use)

The claim verified and found to in order for Rs. _____ Rs. _____
only)

Budget Code: _____

Associate Dean FAD

Dean (Administration)

BIRLA INSTITUTE OF TECHNOLOGY AND SCIENCE, PILANI (RAJASTHAN)

UNDERTAKING

Date: _____

Name of the Faculty Member _____ PSRN _____

Designation _____ Department _____ Date of Joining _____

I hereby undertake to repay the amount of Relocation expenses reimbursed to me by the Institute in case, I resign before completion of three years of service in the institute as per rules.

Signature of the Faculty member