

Reimbursement Application Form
(Applicable only for students winning on any platform)

Case No: (To be filled by DAA Office)			
UID(Team Leader):		Team Name :	
Name(Team Leader):		Section:	
Program/Branch:		Contact No. :	
Current Semester:		Size of Team:	
Competition Details			
Competition Name:			
Address/Location:			
Start Date:		End Date:	
Position:			
Award/Prize Money:			
Attach the following document: 1. Tickets 2. Competition Invitation/Selection Letter 3. Photos/Certificates 4. Self-Undertaking 5. Mandate Form 6. TA/DA Form 7. ID Cards 8. Last Semester DMC 9. Current Semester Attendance Proof 10. Other Documents(Aadhar Card /Pan Card)			
Student Declaration			
1. I will comply with all the University norms/rules/policies. 2. I am aware of the rules/regulations/benefits related to academic competitions. 3. I am aware that I need to maintain 75% attendance. 4. This approval is only valid if I paid the full semester fee without any backlog.			
(Student's Signature)			

Recommendations/Approval <i>(To be filled by concerned authorities)</i>		
1. Department Competition Coordinator:	Details Verified(Yes/No)	(Remarks)
		(Signature with E-code)
Head of Department	Recommended/Not Recommended	(Signature with seal)
AD/Principal/Director	Recommended/Not Recommended	(Signature with seal)
Executive Director	Recommended/Not Recommended	(Signature with seal)
2. DAA Office(Room No. 102 Block B1):		
University C&H Coordinator (Sleeper/3 AC/Non-Applicable)	(Remarks)	(Signature with E-code)
3. PVC Academic Affairs	Approved/Not Approved	(Signature with seal)
4. Pro-VC	Approved/Not Approved	(Signature with seal)
5. Finance(CFO Office):	(Remarks if any)	

SELF UNDERTAKING

I, _____ S/D/O _____ bearing UID No. _____ pursuing Course _____ Branch _____ have won the _____ (Name of Competition) on _____ (Date) hereby agree and undertake that: -

1. I shall maintain a minimum attendance of 75% throughout the duration of the competition and the corresponding academic term.
2. I am dedicated to attending both **mid-term** and **end-term examinations** without exception, acknowledging that I will not be eligible for any proportionate marks in the event of absence.
3. I pledge to promptly settle all pending dues and fees in each case to ensure financial compliance with the institution's regulations.
4. I am committed to maintaining a **CGPA above 6.5** to meet the academic performance criteria for reimbursement.
5. I understand that reimbursement is applicable only for competitions that are duly informed to the department or competition coordinators in advance.
7. I shall responsibly return materials issued to me for the competition upon completion and strictly adhere to all rules, regulations, and norms of the University.

(Signature of Student)

Declaration by Parents:

1. We, the undersigned parents/guardians acknowledge our son/daughter's participation in the competition, understanding that the university does not provide full travel reimbursement.
2. Our child will uphold the university's name and abide by its norms during the competition.

(Signature of Parent/Guardian)

Note:

- a. The university reserves the right to withhold or cancel reimbursement if any of the above stated conditions are not met.
- b. Non-winning students are not eligible for any reimbursement, and the reimbursement grant is limited to sleeper class up to Rs. 2000.
- c. The undertaking will be retained by the department in original.

Declaration by Department:

The Department _____ (Name of the Department) affirms prior awareness of the team's participation in the _____ (Name of the Competition). Mr./Ms. _____ (Name of competition coordinator) has diligently verified all details regarding their triumph, and the department officially declares their recognition and support for the team's achievements.

(Signature of the Department Competition Coordinator)
Date: _____

(Signature & Seal of HOD)
Date: _____

CHANDIGARH UNIVERSITY
COMPETITION REIMBURSEMENT FORM
TA – Bill (Team wise)

Name of the Competition : _____
 Location/Address : _____
 Mobile No. of Team Leader : _____
 Name of Team : _____

Sl.No.	Name of the team members	Position	From		To		Travel mode used	Total fare (to & fro) *	Admissible TA – to & fro in sleeper class
			Date	Place	Date	Place			
1		Leader							
2		Member 1							
3		Member 2							
4		Member 3							
5		Member 4							
6		Member 5							
7		Mentor 1							
8		Mentor 2							
Grand Total									

Bank details of the Team Leader enclosed in Mandate form for RTGS

*Copy of tickets to be enclosed with the form for verification.

Signature of Team Leader

Signature of Department/
Competition Coordinator

Chandigarh University
Gharuan, Punjab(140413)

Mandate Form (For Individuals)

Name of the Individual	
UID of the individual	
Department & Branch	
Telephone No. of the Individual	
PAN of Individual(enclosed the copy)	
E-Mail id of the Individual	
Name of Bank where RTGS amount is to be sent	
Branch Name	
Address of the Bank	
Telephone No. of the Bank	
Name of the A/c holder	
Account Type (Tick one)	Saving/Current Account
Account Number (Full):	
Banker's IFSC Code:	

It is declared that all information we have provided is true in all respects.

Signature of Account holder

Date :

Place :

Note: (1) All Data needs to be filled mandatorily for facilitating RTGS transfer of the amount desired.
(2) Name of Individual and Name of Account holder should be same for remitting RTGS.