Form no.: PMRF-01

**INDIAN INSTITUTE OF TECHNOLOGY TIRUPATI**

**Prime Minister’s Research Fellowship**

**Reimbursement of Contingency / Research Grant**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Student |  | | | Department | |  | |
| Roll number |  | Email |  | | Mobile | |  |
| Name of the Supervisor |  | | | | | | |
| Date of Joining PMRF |  | | | | | | |

# Details of bills claimed for reimbursement

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Invoice/ Bill no. | Date | Stock- Register Page No. | Goods purchased | Amount (Rs.) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10. |  |  |  |  |  |
| **Total: (Rs.)** | | | | |  |

1. I am personally satisfied that the goods purchased are of requisite quality and specification and have been purchased from a reliable supplier at reasonable price. (As per rule no. 154 of GFR 2017).
2. I agree for transfer of reimbursement amount to my bank account on record with the Institute.

|  |  |  |
| --- | --- | --- |
| Signature of Student | Verified  Signature of Supervisor | Forwarded  HoD |

# For Office Use

|  |  |  |
| --- | --- | --- |
| Assistant/ Supdt. | Voucher No. & Dt:  SE No. & Dt | Deputy Registrar (F&A) |

**Note:** As per the existing Rules, individual cash purchase/ payment can be made up to the value of Rs. 25000/- only. Reimbursement claim of purchase/ payment made for more than Rs. 25000/- will not be entertained in any case.

Form No.: PMRF- 02

**INDIAN INSTITUTE OF TECHNOLOGY TIRUPATI**

**Prime Minister’s Research Fellowship**

# Request for payment for Direct Purchase of Consumables/Limited Time Asset Stores/Non-consumables up to Rs. 25,000 from Contingency / Research Grant

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of the Student |  | | | Department | | |  |
| Roll number |  | Email |  | | Mobile |  | |
| Name of the Supervisor |  | | | | | | |
| Date of Joining PMRF |  | | | | | | |
| Name and address of the  supplier to whom payment is to be made |  | | | | | | |
| Suppliers’ Bank details Bank  \* in case of Bank details are not available in the Invoice | Bank Name & Address | | |  | | | |
| Account Holder’s Name | | |  | | | |
| IFS Code | | |  | | | |
| Bank Account No. | | |  | | | |

**Details of bills claimed for payments:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | Invoice/ Bill no. | Date | Stock- Register Page No. | Goods purchased | Amount (Rs.) |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| **Total: (Rs.)** | | | | |  |

I am personally satisfied that the goods purchased are of requisite quality and specification and have been purchased from a reliable supplier at reasonable price. (As per rule no. 154 of GFR 2017).

|  |  |  |
| --- | --- | --- |
| Signature of Student | Verified  Signature of Supervisor | Forwarded  HoD |

# For Office Use

|  |  |  |
| --- | --- | --- |
| Assistant/ Supdt. | Voucher No. & Dt:  SE No. & Dt | Deputy Registrar (F&A) |

**Note:** As per the existing Rules, individual cash purchase/ payment can be made up to the value of Rs. 25000/- only.