



विश्वेश्वरय्या राष्ट्रीय प्रौद्योगिकी संस्थान, नागपूर
VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR

CLAIM FOR REIMBURSEMENT UNDER CPDA

Name of the Claimant: _____

Designation: Professor/ Associate Professor/ Asst. Professor (GR-I/ GR-II): _____ AGP: _____

Department: _____ Faculty ID: _____

Sl No.	Expenditure Head	Admissible amount	Balance Brought fwd	Current claim	Balance carried fwd
01	National / International conferences/ workshops (Prior approval to be enclosed)	Rs.2.1 lakhs in 3 year block Max Rs.1.0 lakh in first year of block			
02	Membership fees for Professional Bodies (Prior approval to be enclosed for new membership. Prior approval deemed to be granted for renewal of Max 3 memberships in one year)	Maximum Rs.90,000 /- in three year block			
03	Contingent Expenses: (Prior approval deemed to be granted for items listed below)	Total Rs. 90,000/- in three year block			
	a) Any consumables for research- consumables for UG/PG/Ph.D projects like chemicals, fabrication, add on controller boards, preparation of lab models etc.				
	b) Stationery items like bond papers, covers, files, folders, Xerox, posters, binding etc.				
	c) Computer consumables like connectors, USB hubs, cables, port converters, pen drives, external HDDs, cartridges and refilling thereof, repairs of printer/ scanner/ laptops/ desktops, Antivirus.				
	d) Purchase of books/ periodicals, publication fees in web of science etc. suitable for professional development	Max. Rs.10,000 /- per year			
	e) Fees for filing patents, extra pages in journals etc.				
	f) Any other item (with Prior approval)				
	TOTAL	Rs.3.00 lakhs in 3 year block			

CERTIFICATE

I hereby certify that the amount has been utilized under the heads indicated above. The purchases are made from reliable supplier at reasonable prices. I take full responsibility for maintenance of proper records and any clarification required on the expenditure as and when sought. I will produce records of non-consumable items purchased under CPDA to stock verification officers during stock verification of the Department. I have enclosed copy of approval(s) wherever required and each voucher/ bill/ participation certificate is duly signed by me at the back side with date.

(Signature of HoD)

(Signature of claimant)

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1. Block Year	6. Paid No.
2. Opening balance	7. Dealing staff
3. Current claim admitted	8. AR (Accts)/ IAO
4. Sub- Total	9. DR (Accts)
5. Balance available (2-3)	10. Dean (P&D)
DIRECTOR	