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**VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR – 440 010**

**Format for claiming Visit Charges as part of Consultancy Projects**

(Ref : Circular No. Admin/3500 dated 28-6-2019)

Name of the coordinator/ faculty:

Designation: Department:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S No.** | **Date** | **Time** | | **Place of Visit** | **Purpose** | **\* Amount (in Rs.)** |
| From | To |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
|  |  |  |  |  | **TOTAL** |  |

*(\*Ceiling limits of charges per visit are Rs.2000 /- for faculty, Rs.500 /- for Gr-C and Rs.300 /- for supporting staff, as per Circular No.D/6769 dated 21-10-2010)*

I hereby certify that the above information is true and correct to the best of my knowledge and belief.

**Signature of Coordinator Head of Department**

**ONLY FOR OFFICE USE**

**(Endorsement by Estt Section)**

**(Note:** 1. Use separate form for each faculty/ coordinator.

2.This format is to be enclosed as part of Consutancy bill for submission to Accounts, only after obtaining due endorsement from Estt Section**)**