

CLAIM FOR REIMBURSEMENT UNDER CPDA

NAME OF THE CLAIMANT: _____

DESIGNATION: PROFESSOR/ASSOCIATE PROFESSOR/ASST. PROFESSOR DEPARTMENT : _____

GRADE PAY: _____

HEAD QUARTER: RAIPUR

DATE OF PURCHASE : _____

details of claim amount

	Membership of Professional Society (upto 15,000/-)	Purchase of Book's Subscription Journal Research Paper Print (upto 10,000/-)	Computer Peripheral Pritter Printer (upto 15,000/-)	Stationary Material for Course Preparation Teaching Aid's & Book Working (upto 15,000/-)	Lap Top Desk Top PC (upto 1,00,000/-)	Publication in National International	Other's
Amount							
Bill No.							

Total Amount Claimed -

Note :-

1. ***This bill is preferred for the first time.***
2. ***Original bill is submitted with this form signed with a footnote "Paid by me".***

Signature of Employee

For Office Use

Total Amount Admissible -

Net Payable/Receivable -

***Deputy Registrar
(Admin)***