

Leave Requisition Form

Dt:

I Mr/Mrs/Ms/Dr. _____ working as _____ in Department of _____ wanted to attend _____ from _____ to _____ ,

So please grant me leave.

Venue:

Event: Workshop/Conference/FDP or FIP/Guest lecturer/Seminar/Research Work(RRM)

Topic/Title:

Reimbursement Claim Form

Registration FEE: Rs: _____ /-

Travelling Allowance: Rs: _____ /-

Daily Allowance: Rs: _____ /-

Publication Fee: Rs: _____ /-

Amount Utilised earlier in this AY: _____: Rs _____ /-

In words: Rupees _____ **Only**

Enclosures:

1.OD Form, **2.**Registration Form/Fee Receipt , **3.**TA/DA Bills, **4.**Certificate (Submit after Completion)

Faculty Signature

Head of the Department

Principal

Copy To:

1. Department R&D Co-ordinator
2. Department Office
3. Administrative office
4. Department ISO In-Charge