**FORM XV**



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**NATIONAL INSTITUTE OF TECHNOLOGY MEGHALAYA**

**बिजनी कॉम्‍पलेक्‍स, लैटमुख्‍्राह, शिलांग Bijni Complex, Laitumkhrah, Shillong-793003**

##### **Reimbursement of Bills from Contingency Fund**

##### *(This form can be submitted only once and within three months after the Oral Defence Examination)*

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | Name of Scholar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **2** | Roll no \_\_\_\_\_\_\_\_\_\_\_\_ | **3.** Department\_**\_\_\_\_\_\_\_\_\_\_** | **4.** Category (Please tick): Full time/ Project Fellow/Part Time |
| **5** | Date of Admission \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | **6.** Date of Registration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **7** | (a) Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **8** | (b) Name of Co-Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Affiliation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **9** | Date of ODE: | | |
| **10** | Title of Thesis: | | |
| **11** | Details of SCI/SCIE/SSCI papers published:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Sl. No.** | **Author's Name** | **Title of the Paper** | **Publisher's Name** | **Publications Details (Date/Year/Volume/Page Number)** | **Whether belongs to SCI/SCIE/SSCI** | **Remarks** | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | |

**Details of bills submitted. Please note that the bills should be related with the research work only (Eg: stationery, printing, photocopying, discrete components etc ).**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Particulars | Amount | Bill/Receipt No. & Date |
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|  |  |  |  |
| In case space is insufficient separate sheet may be attached in this format) | | | |

Total amount claimed (₹)\_\_\_\_\_\_\_\_\_\_\_(Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Signature of the Scholar

Date:

**Enclosures to be submitted along with this form:**

1. All Original Bills (to be certified at the back of each bills).
2. Bank Details of the student.
3. 1st page of each published papers.
4. Notification on award of degree

Remarks/Recommendation by the supervisor(s) (Please certify the published papers and the above bills submitted is related with the research work of the scholar):

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Signature of Co-Supervisor (if any) Signature of Supervisor**

**Date: Date:**

**Signature of HoD**

**Date:**

**Forwarded to Academics Section**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Office use:**

As per initial verification, ₹\_\_\_\_\_\_\_\_(Rupees in words\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_is claimed by Mr/Ms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as reimbursement from contingency fund.

Other remarks:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JA(AA) AR(AA) PIC (AA-PG&R)

Forwarded to Dean (AA):

Any Remarks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean (AA)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Forwarded to Account Section**

AR(F&A):