PROFORMA FOR REIMBURSEMENT OF STUDENT CONTINGENCY
(TO BE SUBMITTED IN TRIPLICATE)

Roll No_____Name_____Bank A/c No_____
Nature of Fellowship/Scholarship_____for the year_____

Please find below the details for the amount Rs._____on the work/purchase of vouchers duly verified for reimbursement to Dr._____.

S.N	Date	Cash Memo no. & Name of firm	Name of Article	Amt. (Rs.)	Passed (Rs.)
			Total(Rs.)		
				Passed(Rs.)	

Forwarded & recommended

Sign. of Guide/HD_____ Sign. of Student_____
Name & Designation_____ Div/Section_____
Date: _____

<u>For office use only</u>

The finance & Accounts officer
IVRI, Izatnagar.

Bill no.....Dt.....
Bill Passed Rs.....
Rupees.....

D.A. **A.A.O.(A&F)**
Deemed University

Sir

Please find herewith the details accounts for Rs.....
Reimbursement duly certified (sanction attached).