

REQUISITION FORM FOR REIMBURSEMENT OF REGISTRATION FEE / TA / DA FOR CONFERENCE ATTENDED

Name of the Faculty : _____

Qualification & Designation : _____

Department : _____

Date of Joining Amrita : _____

Whether Registered for Ph.D. : YES / NO if yes, where?.....

I am enclosing the following and giving the details below with a request for reimbursement:

- a) TA/DA form
- b) Proof of Registration Fee paid
- c) Certificate of Participation
- d) Brochure and copy of Abstract of the paper presented.

A) DETAILS OF CONFERENCES ATTENDED FOR WHICH REIMBURSEMENT IS REQUESTED

SI No.	Name of the Event / Institution / Place / Date	Purpose	Special Casual Leave Sanctioned
			Mention Dates

B) DETAILS OF CONFERENCES ATTENDED DURING THE YEAR (from JAN till date) (EXCLUDING THE ABOVE)

SI No.	Name of the Event / Institution / Place / Date	Presented any paper?	Whether sponsored by Amrita? If so, amount sanctioned & No. of days of Special Casual Leave availed.
1			
2			
3			

C) DETAILS OF EXPENDITURE INCURRED

SL No.	Particulars	Amount Claimed	Amount eligible as per University Norms - (for Office use only)
1	Registration Fee (Enclose Proof)		
2	Travel Expenditure (Enclose TA Form)		
3	Daily Allowance		
Total Amount (Regn Fee +TA+DA)			

Signature of Faculty: _____

Date: _____

Recommendation of the Chair / HOD:

- Plagiarism Check : _____
- Indexing (Scopus) : YES / NO
- Quality of the paper : Excellent / Good / Fair / Cannot comment
- Quality of the Conference : Excellent / Good / Fair / Cannot comment
- Applicant’s contribution in the work presented : 80-100% / 60-80% / 40-60% / Cannot ascertain

Recommended for full funding / Recommended for partial funding / Not Recommended

Date: _____ Signature of Chair / HOD

Publication details updated in the Database

Date: _____ Signature of the Publication Co-ordinator

Committee’s Recommendation: (If referred by the Associate Dean)

Associate Dean’s remarks:

Date: _____ Signature of Associate Dean

For Office Use

A) HR Department

No. of SCL available after this Conference _____

TA, DA & Registration Fee checked as per University norms.

HR Asst.

Administrative Officer

Approval by the Director:

APPROVED / NOT APPROVED

Signature of Director

B) Accounts Department

1) Total Amount Claimed Rs.....

2) Total Amount Reimbursed Rs.....

Data Entry Staff

Cashier

Accounts Officer

RECEIPT

Received Rs. _____ (in words: _____)

Signature of the faculty : _____

Name : _____

Department : _____

Date : _____