

AMRITA SCHOOL OF ENGINEERING

BENGALURU

REQUISITION FORM FOR REIMBURSEMENT OF REGISTRATION FEE FOR CONFERENCE ATTENDED

Name of the Student/s :

Registration No. :

Course & Year of Study :

Name of the Guide :

Department :

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

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

A) DETAILS OF CONFERENCES ATTENDED FOR WHICH REIMBURSEMENT IS REQUESTED

Sl. No.	Name of the Event / Institution / Place / Date	Purpose

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

Sl No.	Name of the Event / Institution / Place / Date	Presented any paper?	Whether sponsored by Amrita? If so, amount sanctioned.
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)		

Signature of Student:

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

Registration Fee checked as per University norms.

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 Student : _____

Name : _____

Registration No. : _____

Department : _____

Date : _____