



B.M.S.COLLEGE OF ENGINEERING, BENGALURU-560 019
TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME-III (Comp 1.3)

REIMBURSEMENT CLAIM FORM

1.	Name (In block letters)		
2.	Designation		
3.	Department		
4.	Category	SC/ST/OBC/GENERAL	
5.	Mobile No.		
6.	EMail ID		
7.	Adhar Number		
8.	Allahabad Bank account number		
9.	IFSC code		
10	Details of registration to Ph.D. [Attach a copy of registration confirmation letter]	(i)Address of the Research Centre & University	
		(ii) Date of Registration	
		(iii) Name of the Guide & contact phone Number	
11.	Details of reimbursement claim: [Purpose: PhD course fee /consumables/preparation of research paper/fee paid to journal /printing & binding of Ph.D. thesis etc.] If the claim is towards consumables, provide list of items procured, list of the details of bills, along with original bills duly certified by the guide/HOD. If the claim is towards publication of research papers, attach a copy of the research paper published.	(i) Purpose:	
		(ii) Amount paid	
		(iii)Receipt Number & Date	
		(iv)Title of research Paper:	
		(v) Name of the Journal	
		(vi)Nature of the Journal	National/International
		(vii)Impact Factor	
		(viii) Any other information(Enclose separate sheet if needed)	

DECLARATION

I/we hereby declare that the particulars provided above are correct & have not claimed any amount for this purpose from any other source.

Signature of claimant/s

P.T.O



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REIMBURSEMENT CLAIM FORM

RECOMMENDATION

Recommendation/Remarks of Guide:[Not necessary for claim of course fee]
Signature of the Guide
Recommendation/Remarks:
Signature of the HOD with seal

FOR OFFICE USE ONLY

PAYMENT VOUCHER

Date:

Debitable to Accepted
and passed for Payment for Rs.....Rupees (in
words).....

SUPDT.(ACTS)

AAO

NODAL OFFICER(FIN)

PRINCIPAL