



सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्थान, सूरत  
**SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY, SURAT**  
सरदार વલ્લભભાઈ રાષ્ટ્રીય પ્રૌદ્યોગિકી સંસ્થા, સુરત

SVNIT

FORM-A1

**ADMINISTRATIVE AND FINANCIAL APPROVAL FOR NATIONAL/INTERNATIONAL CONFERENCES / WORKSHOPS / SYMPOSIA /SPECIAL TRAINING IN INDIA & ABROAD/ PRESENTING RESEARCH PROPOSAL / RESEARCH VISIT / INDUSTRIAL VISIT IN INDIA**  
(Upto a maximum of 70% of the CPDA, i.e. Rs 2,10,000 for a three years Block Period)

1.	Name of the Faculty Member	
2.	Employee Code, Pay Matrix & Level	
3.	Designation & Department of the Employee	
4.	Nature of appointment (Regular/Temporary/Contract)	
5.	Nature of Activity (tick the appropriate)	National Conference / International Conference/ Workshop/ Symposium / Special training in India / Abroad / Presenting research proposal / Research visit / Industrial visit in India
6.	Nature of Participation (tick the appropriate)	Chairing a Session / Plenary talk / Invited Talk/ poster presentation / Paper presentation / Participating in workshop, Symposium and special training.
7.	<b>Details of the Program</b>	
	(a) Title of the Program	
	(b) Venue, Name of the City, State, Country	
	(c) Dates of the Program	
	(d) Organizers / Host Institution	
8.	<b>Details of the Acceptance (Attach Acceptance Letter)</b>	
	(a) Title (as per Serial No. 6)	
	(b) Authors (as appear in the Paper) if paper presented ( <i>Tick the appropriate</i> )	First / Second / Third / Fourth
9.	<b>Have you attended such activity during the CPDA Block Period (Current)</b>	Yes / No (if Yes, please provide the following details for each activity)
	<b>Activity</b> (Details of activities are to be given with following details)	
10.	(a) Name of the Activity	
	(b) Dates of Activity	
	(c) Venue of Activity	
11.	Details of financial assistance acquired/being acquired from other funding agencies and/or event organizer, if any:	

**12. Details of expected expenditure:**

S. No.	Head	Amount (in Rs)
a)	Air India Airfare / Other than Air India*	Rs
b)	Train Fare / Taxi Fare / Bus Fare	Rs
c)	Locale transport	Rs
d)	Registration Fees	Rs
e)	DA / Food Expenses	Rs
f)	Accommodation expenses (Hotel/Guesthouse/Lodging & Boarding etc.)	Rs
g)	Visa Fees Charges	Rs
h)	Travel Insurance charges (as per actuals)	Rs
i)	Any other expenses, please specify _____	Rs
	<b>Total Expected Expenditure</b>	Rs

\*Prior approval is required for travel through private airline in the prescribed form available on Institute's Website

13. Alternate arrangements made for academic/administrative work during the absence from SVNIT Surat

Date	Name of the employee	Assigned duties	Signature of the assigned faculty

14. Nature and days of leave requested: \_\_\_\_\_

15. List of Enclosures to be submitted:

- Copy of the abstract of the paper
- Copy of the full length paper (submitted)
- Copy of the Acceptance / Invitation letter
- Copy of the Brochure of the programme
- Copy of Letter of financial assistance acquired/being acquired from other funding agencies and/or event organizer, if any.
- Hotel Tariff as indicated by the organizers, if any

**CERTIFICATE**

*I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.*

**Signature of Applicant**

*The Leave details and work load adjustment has been verified (as per Column-13) and he / she is hereby recommended to participate in the program as per Column 6&7. The paper to be presented, if applicable, is related to the work carried in the institute and the claims made are in order*

**Signature of HoD**

**Dean (Faculty Welfare)**

*(For Office Use Only)*

*(The information furnished in Col.1 to 12 has been verified as per Office record)*

A. Application received on : \_\_\_/\_\_\_/20\_\_

B. Particulars of Fund Availability

b1	Total ceiling limit for the block period	:	Rs 2,10,000
b2	Total CPDA allocated for the current year	:	Rs
b3	CPDA amount carried over from previous year	:	Rs
b4	Total CPDA fund available for the current year	:	Rs
b5	Present Claim	:	Rs
b6	Claim admissible	:	Rs
b7	Balance available after reimbursement for the current year, i.e. (b4 – b6)	:	Rs
b8	Net CPDA ceiling available during the Block Period, i.e. (b1-b6)	:	Rs

C. Amount Payable to the Claimant

Sl. No.	Particulars	Amount admissible (in Rs)
d1	Air India Airfare / Other than Air India	Rs
d2	Train Fare / Taxi Fare / Bus Fare	Rs
d3	Locale transport	Rs
d4	Registration Fees (as per actuals)	Rs
d5	Daily Allowances (as per the entitlement of faculty)	Rs
d6	Accommodation (as per the entitlement of faculty)	Rs
d7	Visa Fees Charges (as per actuals)	Rs
d8	Travel Insurance charges (as per actuals)	Rs
d9	Any Other expenses	Rs
<b>Total Amount Payable</b>		Rs

**Dealing Assistant**

**Asst./Deputy Registrar (Accounts)**

**Registrar**

*(Approved / Not Approved)*

**Dean (SW)**

**Director**



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SVNIT

Ref. No. \_\_\_\_\_

Date: \_\_\_\_\_

**TO WHOM SO EVER IT MAY CONCERN**  
*(for International Conferences abroad only)*

Certified that Prof./Mr./Ms./Mrs./Dr. \_\_\_\_\_  
has delivered a seminar in the Department of \_\_\_\_\_  
post participation in \_\_\_\_\_ on \_\_\_\_\_.

This is with reference of his/her visit to the event \_\_\_\_\_  
\_\_\_\_\_ which held on \_\_\_\_\_ at \_\_\_\_\_.

**(Head of the Department)**



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सरदार वल्लभभाई राष्ट्रीय प्रौद्योगिकी संस्था, सुरत

SVNIT

CLAIM FOR TA/ DA & OTHER EXPENSES RELATED TO NATIONAL/INTERNATIONAL CONFERENCES / WORKSHOPS / SYMPOSIA /SPECIAL TRAINING IN INDIA & ABROAD / PRESENTING RESEARCH PROPOSAL / RESEARCH VISIT / INDUSTRIAL VISIT IN INDIA

(Block Period: \_\_\_\_\_, Year: \_\_\_\_\_)

(Upto a maximum of 70% of the CPDA, i.e. Rs 2,10,000 for a Block Period)

Name of the employee : \_\_\_\_\_

Employee Code : \_\_\_\_\_

Designation : \_\_\_\_\_

Pay Matrix/Level : \_\_\_\_\_

Department : \_\_\_\_\_

Basic : Rs \_\_\_\_\_

1. TRAVELLING DETAILS (AIR/TRAIN/ROAD at India & Abroad) – Airfare is admissible only by Air India (Economic Class)

Particulars of Journey						Mode of journey (Air / Train Bus /Taxi etc.)	Distance (in km)	Fare (in Rs)	Ticket No. / Bill No.
Departure			Arrival						
Station	Date	Time	Station	Date	Time				
Total (A)								Rs	

2. LOCAL TRAVEL DETAILS

Particulars of Local Travel			Mode of journey (Taxi/Auto/ Bus etc.)	Distance (in Km)	Ticket Nos. / Bill No.	Fare (in Rs)
Date	From	To				
Total (B)						Rs

3. OTHER EXPENSES DETAILS

Other Charges	Period		Bill No.	No. of Days	Rate per Day Including GST	Amount (in Rs)	Remarks
	From	To					
Accommodation Charges							
Daily Allowance / Per Diem							
Registration fees							
Visa Fees (as per actuals)							
Travel Insurance Charges							
Any other expenses, if any							
Total (C)							
Grand Total (A+B+C)							

Free Boarding Provided (Yes / No): \_\_\_\_\_ Free Lodging Provided (Yes / No) : \_\_\_\_\_

## UNDERTAKING BY THE CLAIMANT

I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.

Date   /  /20  

Signature of the claimant

Counter Signature of HoD

*(For Office Use Only)*

- a) Application received on :   /  /20    
b) From Prof./Dr./Mrs./Ms./Mr. : \_\_\_\_\_  
c) **Particulars of Fund Availability**

c1	Total ceiling limit for the block period	:	Rs 2,10,000
c2	Total CPDA allocated for the current year	:	Rs
c3	CPDA amount carried over from previous year	:	Rs
c4	Total CPDA fund available for the current year	:	Rs
c5	Present Claim	:	Rs
c6	Claim admissible	:	Rs
c7	Balance available after reimbursement for the current year, i.e. (c4 – c6)	:	Rs
c8	Net CPDA ceiling available during the Block Period, i.e. (c1-c6)	:	Rs

- d) Amount Payable to the Claimant

Sl. No.	Particulars	Amount admissible (in Rs)
d1	Airfare (economy class only)	Rs
d2	Train Fare / Taxi Fare / Bus Fare	Rs
d3	Locale transport	Rs
d4	Registration Fees (as per actuals)	Rs
d5	Daily Allowances (as per the entitlement of faculty)	Rs
d6	Accommodation (as per the entitlement of faculty)	Rs
d7	Visa Fees Charges (as per actuals)	Rs
d8	Travel Insurance charges (as per actuals)	Rs
d9	Any Other expenses	Rs
<b>Total Amount Payable</b>		Rs

Amount checked & verified and found correct Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_) may be reimbursed.

**Dealing Assistant**

**Superintendent (A/cs)**

**Asst./Deputy Registrar(A/cs)**

(Recommended for reimbursement of TA/ DA & Other expenses claimed for CPDA)

**Registrar**

**Dean (Faculty Welfare)**

*(Approved / Not Approved)*

**Dean (SW)**

**Director**

*NOTE: Account Section shall forward photocopy of this form to Establishment Section for keeping the record in Personal file of the employee*



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SVNIT

**ADMINISTRATIVE & FINANCIAL APPROVAL FOR ACQUIRING THE MEMBERSHIP OF PROFESSIONAL BODIES / SOCIETIES, BOTH NATIONAL AND INTERNATIONAL**  
 (Up to a maximum of 50% of the CPDA (i.e., Rs.1.5 Lakhs) is admissible for a three years Block period)  
 (Maximum memberships of three professional bodies/societies from CPDA grant in one year)

Block Period \_\_\_\_\_

Block Year: \_\_\_\_\_

Department Name: _____	
File No.: SVNIT/Department*/20_20_/CPDA/Outward No.*	Date: _____

\*to be filled by the Department

**1. Particulars of the Faculty Member:**

1a	Name of the Faculty Member & Designation	:	
1b	Employee Code	:	
1c	Nature of appointment (Regular /Contract)	:	

**2. Administrative and Financial approval to be accorded for acquiring the membership of following professional bodies / societies**

Sr. No.	Name of professional bodies / societies	Year of Establishment	Type of Body (Govt./Semi Govt./Trust/Any Other)	Category of Membership (Half Yearly / Annual/Life)	Membership Subscription Fees (Rs)	Total Cost (Rs.)
1.						
2.						
3.						
<b>Total Cost (Rs)</b>						

**3. Certificate**

I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.

Date \_\_/\_\_/20\_\_

Signature of Applicant

(Recommended / Not Recommended)

(It is recommended that the faculty members *may* / *mayn't* enroll for membership of the professional bodies / societies).

Comments (If any):

Head of the Department

Dean (Faculty Welfare)

**(For Office Use Only)**

- a) Application received on : \_\_\_/\_\_\_/20\_\_  
b) From Prof./Dr./Mrs./Ms./Mr. : \_\_\_\_\_  
c) **Particulars of Fund Availability:**

c1	Total ceiling limit for the block period	:	Rs 1,50,000
c2	Total CPDA allocated for the current year	:	Rs
c3	CPDA amount carried over from previous year	:	Rs
c4	Total CPDA fund available for the current year	:	Rs
c5	Present Claim	:	Rs
c6	Claim admissible	:	Rs
c7	Balance available after reimbursement for the current year, i.e. (c4 – c6)	:	Rs
c8	Net CPDA ceiling available during the Block Period, i.e. (c1-c6)	:	Rs

*(The information furnished in Sec. 1-2 has been verified as per Office record)*

*Comments (If any):*

<b>Dealing Assistant</b>	<b>Asst. /Deputy Registrar (Accounts)</b>	<b>Registrar</b>
<i>(Approved / Not Approved)</i>		

*Comments (If any):*

<b>Dean (SW)</b>	<b>Director</b>
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To : Concerned Faculty Member through Head of Department

Copy to: Asst. /Deputy Registrar (Establishment)



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SVNIT

**CPDA CLAIM FOR REIMBURSEMENT OF MEMBERSHIP FEE FOR  
 PROFESSIONAL BODIES / SOCIETIES**

(Maximum of 50% of the CPDA, i.e. Rs 1,50,000 is admissible for a Block Period)

**1. CPDA Claim for reimbursement of the following:**

**Membership Fee for Professional Bodies**

Acquiring Membership of Professional Bodies / Societies, both National and International. Maximum memberships of three professional bodies/societies from CPDA grant in one block year. However, maximum of 50% of the CPDA, i.e. Rs 1,50,000 is admissible for a Block Period

Prior approval must be taken for any expenditure (Approved **B1 Form** is to be enclosed in Original before claim submission for reimbursement)

**2. Particulars of the Faculty Member for CPDA claim for reimbursement:**

2a	Name of the Faculty Member	
2b	Employee Code, Pay Matrix & Level	
2c	Designation & Department of the Faculty Member	
2d	Nature of appointment (Regular/Temporary/Contract)	

**3. The following is the statement of account for the Membership Fee of Professional Bodies / Societies:**

S. No.	Items	Invoice No.	Date	Professional Body / Society	Amount	Remarks
1						
2						
3						

*Note: - This form is to be deposited to the Accounts Section along with the bills/vouchers etc. and the administrative approval of the competent authority.*

**List of Enclosures to be submitted:**

- Original invoice/relevant cash memos/bills/vouchers
- Administrative approval from the Competent Authority
- Any Other, please specify \_\_\_\_\_

**CERTIFICATE**

a) I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.

b) Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) may be reimbursed.

Date \_\_/\_\_/20\_\_

Signature of Applicant

(Forwarded / Not Forwarded)

Entry has been done at S. No. \_\_\_\_\_ of page no. \_\_\_\_\_ of Departmental CPDA Asset Register of the Department. The back side of the Invoice and/or payment receipt is duly signed by the concerned faculty.

Dealing Assistant

Date \_\_/\_\_/20\_\_

Signature of HoD



(For Office Use Only)

- A. Application received on : \_\_\_/\_\_\_/20\_\_  
B. From Prof./Dr./Mrs./Ms./Mr. : \_\_\_\_\_  
C. **Particulars of Fund availability:**

c1	Total ceiling limit for the block period	:	Rs 1,50,000
c2	Total CPDA allocated for the current year	:	Rs
c3	CPDA amount carried over from previous year	:	Rs
c4	Total CPDA fund available for the current year	:	Rs
c5	Present Claim	:	Rs
c6	Claim admissible	:	Rs
c7	Balance available after reimbursement for the current year, i.e. (c4 – c6)	:	Rs
c8	Net CPDA ceiling available during the Block Period, i.e. (c1-c6)	:	Rs

Amount checked & verified and found correct Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_) may be reimbursed.

**Dealing Assistant**

**Asst. /Deputy Registrar (Accounts)**

(Recommended for reimbursement of expenses claimed)

**Registrar**

**Dean (Faculty Welfare)**

(Approved / Not Approved)

**Dean (SW)**

**Director**

To: Asst./Deputy Registrar (Accounts)



**ADMINISTRATIVE & FINANCIAL APPROVAL FOR CPDA CLAIM FOR THE  
 REIMBURSEMENT OF CONTINGENT EXPENSES**

(Maximum of 50% of the CPDA, i.e. Rs 1,50,000 is admissible for a block period)

Department Name: _____	
File No.: SVNIT/Department/20__-20__/CPDA/Outward No.*	Date: _____

\*to be filled by the department

**1. CPDA Claim for reimbursement of the following:**

**Contingent Expenses**

- Consumables such as Chemical/Civil /Electrical/Electronics/Mechanical items, small devices and accessories, laboratory glassware, charges for synthesis & analysis of samples for pursuing research, and minor consumables like thermocouples, ICs, transducers, strain gauges, and sensors, Add- on controller board, preparation of laboratory models, etc.
- Purchase of stationary, books & related items like printing/photocopy of teaching and research materials, calculator, and e-books.
- Computer-related consumables such as internal/external storage devices, cartridges, antivirus, digital pen, headphone, batteries, RAM, laptop adaptor, connector cables, USB hub, keyboard, mouse, webcam, speaker, Wi-Fi router, Wi-Fi dongle, wireless presenter, UPS, repairing of printers/laptop/desktop, refilling cartridges, software for research purpose, cloud storage, etc.
- Fees for Intellectual Property Rights (IPR), extra page charges in the non-paid journal, examination fee/certificate course fee in relevant research area.
- Any other item required for academic and research work with prior approval from higher authority with proper justification.

**2. Particulars of the Faculty Member:**

a	Name of the Faculty Member & Designation	:	
b	Employee Code	:	
c	Nature of appointment (Regular/Temporary/Contract)	:	

**3. Administrative and Financial approval for reimbursement of Contingent expenses under CPDA**

Sr. No.	Name of the Contingent item(s) as per CPDA Guidelines of the Institute	Quantity	Unit Cost (Rs.)	Total Cost of Item(s) (Rs.)
a				
b				
c				
d				
e				
<b>Total Estimated Amount including GST (Rs.)</b>				

**Certificate**

I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.

Date \_\_\_/\_\_\_/20\_\_\_

Signature of Applicant

**(Recommended / Not Recommended)**

*(It is recommended that the faculty member may be permitted for claim of expenses for the Items)*

Comments (If any):

**Head of the Department**

**Dean (Faculty Welfare)**

*(For Office Use Only)*

- d) Application received on : \_\_\_/\_\_\_/20\_\_  
e) From Prof./Dr./Mrs./Ms./Mr. : \_\_\_\_\_  
f) **Particulars of Fund Availability**

c1	Total ceiling limit for the block period	:	Rs 1,50,000
c2	Total CPDA allocated for the current year	:	Rs
c3	CPDA amount carried over from previous year	:	Rs
c4	Total CPDA fund available for the current year	:	Rs
c5	Present Claim	:	Rs
c6	Claim admissible	:	Rs
c7	Balance available after reimbursement for the current year, i.e. (c4 – c6)	:	Rs
c8	Net CPDA ceiling available during the Block Period, i.e. (c1-c6)	:	Rs

*(The information furnished in Sec. 1-3 has been verified as per Office record)*

Comments (If any):

**Dealing Assistant**

**Asst. /Deputy Registrar (Accounts)**

**Registrar**

*(Approved / Not Approved)*

Comments (If any):

**Dean (SW)**

**Director**

To: the concerned faculty member

Copy to: Asst./ Deputy Registrar (Establishment / Accounts)

*Note: The petty contingent expenses upto Rs 5000 in a quarter period may be allowed without seeking prior administrative approval. However, duly-signed Invoice and/or payment receipt is to be submitted by the concerned staff to the Accounts Section with the prescribed forms for reimbursement.*



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SVNIT

**CPDA CLAIM FOR REIMBURSEMENT OF CONTINGENT EXPENSES**

(Maximum of 50% of the CPDA, i.e. Rs 1,50,000 is admissible for a Block Period)

**1. CPDA Claim for reimbursement of the following:**

<p><b>Contingent Expenses</b></p> <p>a. Consumables such as Chemical/Civil /Electrical/ Electronics/ Mechanical items, small devices and accessories, laboratory glassware, charges for synthesis &amp; analysis of samples for pursuing research, and minor consumables like thermocouples, ICs, transducers, strain gauges, and sensors, Add- on controller board, preparation of laboratory models, etc.</p> <p>b. Purchase of stationary, books &amp; related items like printing/photocopy of teaching and research materials, calculator, and e-books.</p> <p>c. Computer-related consumables such as internal/external storage devices, cartridges, antivirus, digital pen, headphone, batteries, RAM, laptop adaptor, connector cables, USB hub, keyboard, mouse, webcam, speaker, Wi-Fi router, Wi-Fi dongle, wireless presenter, UPS, repairing of printers/laptop/desktop, refilling cartridges, software for research purpose, cloud storage, etc.</p> <p>d. Fees for Intellectual Property Rights (IPR), extra page charges in the non-paid journal, examination fee/certificate course fee in relevant research area.</p> <p>e. Any other item required for academic and research work with prior approval from higher authority with proper justification.</p>	<p>Prior approval must be taken for any expenditure (Approved <b>C1 Form</b> is to be enclosed in Original before claim submission for reimbursement)</p>
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**2. Particulars of the Faculty Member for CPDA claim for reimbursement:**

1.	Name of the Faculty Member	
2.	Employee Code, Pay Matrix & Level	
3.	Designation & Department of the Faculty Member	
4.	Nature of appointment (Regular/Temporary/Contract)	

**3. Particulars of Contingent Expense for the Items mentioned at 1 above:** The following is the statement of account for the purchase of contingencies. The relevant cash memos/bills/vouchers are enclosed herewith:

S. No.	Items	Invoice No.	Date	Vendor	Amount	Remarks
1						
2						
3						
4						
5						
6						

*N.B.: This form is to be deposited to the Accounts Section along with the bills/vouchers etc. and the administrative approval of the competent authority.*

**4. List of Enclosures to be submitted:**

- d) Quotation of the Items, if applicable  
 e) Original invoice of items purchased/relevant cash memos/bills/vouchers  
 f) Administrative approval from the Competent Authority  
 g) Any Other, please specify \_\_\_\_\_

**CERTIFICATE**

- a. I certify that the details given above are correct. If the information supplied is found to be incorrect, I will refund the entire reimbursed amount to SVNIT Surat.
- b. Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) may be reimbursed.

Date \_\_\_/\_\_\_/20\_\_

Signature of Applicant

(Forwarded / Not Forwarded)

Entry has been done at S. No. \_\_\_\_\_ of page no. \_\_\_\_\_ of Departmental CPDA Asset Register of the Department. The back side of the Invoice and/or payment receipt is duly signed by the concerned faculty.

Dealing Assistant

Comments (If any):

**Head of the Department****Dean (Faculty Welfare)***For Office Use (Accounts Section)*

D. Application received on : \_\_\_/\_\_\_/20\_\_

E. From Prof./Dr./Mrs./Ms./Mr. : \_\_\_\_\_

**F. Particulars of Fund Availability**

c1	Total ceiling limit for the block period	:	Rs 1,50,000
c2	Total CPDA allocated for the current year	:	Rs
c3	CPDA amount carried over from previous year	:	Rs
c4	Total CPDA fund available for the current year	:	Rs
c5	Present Claim	:	Rs
c6	Claim admissible	:	Rs
c7	Balance available after reimbursement for the current year, i.e. (c4 – c6)	:	Rs
c8	Net CPDA ceiling available during the Block Period, i.e. (c1-c6)	:	Rs

Amount checked &amp; verified and found correct of present claim for Rs. \_\_\_\_\_

(Rupees \_\_\_\_\_) may be reimbursed.

Comments (If any):

**Dealing Assistant****Asst. /Deputy Registrar (Accounts)**

(Recommended for reimbursement of expenses claimed)

**Registrar****Dean (Faculty Welfare)**

(Approved / Not Approved)

Comments (If any):

**Dean (SW)****Director**

To: Asst./Deputy Registrar (Accounts / Establishment)