



SARDAR VALLABHBHAI NATIONAL INSTITUTE OF TECHNOLOGY,  
SURAT PIN - 395 007, GUJARAT

[FORM-B2]

**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:**

<b>Membership Fee for Professional Bodies</b> 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 <b>B1 Form</b> is to be enclosed in Original before claim submission for reimbursement)
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**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)