



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

[FORM C2]

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:

| | |
|---|---|
| Contingent Expenses a. Consumables such as chemicals, laboratory glassware, charges for synthesis & analysis of samples for pursuing research, minor consumables like thermocouples, ICs, transducers, strain gauges and sensors. b. Purchase of stationery, books & related items like photocopy of teaching and research materials, calculators and e-books c. Computer related consumables such as external storage devices, cartridges, antivirus, digital-pen, head phones, battery and RAM. | Prior approval must be taken for any expenditure (Approved C1 Form is to be enclosed in Original before claim submission for reimbursement) |
|---|---|

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 & 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)