## INDIAN STATISTICAL INSTITUTE

203 B.T. ROAD, KOLKATA 700 108



#### **CLAIM FORM: CONTINGENCY GRANT FOR RESEARCH FELLOWS**

## Academic Year 20\_- 20\_\_

### **Important**

- 1. In any given academic year, claim for bills for the period from date of joining/extension/starting date to the following March 31 MUST BE SUBMITTED by March 31. The dates on the receipts/invoices/cash memos submitted MUST NOT fall outside this period.
- 2. Claim for bills for the period from *April 1* to *last extension date* MUST BE SUBMITTED by the *last extension date*. The dates on the receipts/invoices/cash memos submitted MUST NOT fall outside this period.
- 3. The submitted receipt/invoice/cash memo must be completely legible. The **name of the claimant** and the **date of purchase** must be clearly mentioned on it. Computer-generated receipts/invoices will be preferred.
- 4. Claims which violate the above instructions will be summarily rejected.

To The Dean of S	tudies		
Respected Sir/N	Madam,		
I,		, have made an expenditur	e of
Rs	(Rupees	only) for purcha	sing
the following it	ems (list given on the reverse) relevant to	my research. The amount may kindly be reimbur	rsed
to me from n	ny Contingency Grant of Rs.	for the period of	_ to
	The cash memos/receipts/invoices a	re enclosed in original.	
		Signature of the Research Fellow	,
Date		Unit	
	FOR OFFIC	CE USE	
Sanctioned Rs	(Rs	onl	y)
and forwarded to	the Accounts Officer, ISI for payment.		
Date		(Dean of Studies)	
Passed for Rs.	FOR THE USE OF ACCOU  (Rupees		
	(10)		

(Accounts Officer)

# PARTICULARS OF ITEMS PURCHASED

SL. NO.	NAME OF THE ITEM	AUTHOR / ANY OTHER DETAIL	VOUCHER NO.	AMOUNT
NO.		OTHER DETAIL		
	TOTAL			

			TOTAL	
Enclo:	Voucher(s)			
Superv	risor's recommendation: The purch	nase of the above Items	s is recommended.	
Date:		(S	ignature of the	Supervisor)

Date:	(Signature of the Supervisor)