

Sir Shantilal Badjate Charitable Trust's

S. B. Jain Institute of Technology, Management & Research, Nagpur

(An Autonomous Institute, Affiliated to R.T.M. Nagpur University)

NAAC Accredited with "A" Grade.

Hindi Linguistic Minority Institute, Approved by AICTE & DTE.

Our Vision: "Emerge as a leading institute for developing competent and creative professionals"

RESEARCH & DEVELOPMENT CELL

Reimbursement Form

For Attending Conference/Symposium/STTP/FDP/Seminar/Other

A 1 : -	C :
Academic	Session

1. Applicant Details								
Name of Applicant								
Department								
Designation								
Email Id								
Contact Number								
Have you claimed earlier in the same head you are applying for, in this academic session? (Yes/No)				If yes	then, number of claims			
2. Event Details								
Name of Event								
Place of Event								
Type of Event (Conference/Symposium/STTP/FDP/Seminar/Other)								
Date of Event	From			То				
Number of Days	•							
Whether Prior approval was taken? (Yes/No)								
3. Details of Expend	liture							
Particular			Amou	int claimed as per policy (in INR)	Amount Sanctioned (For Office Use)			
Registration Fee					, ,			
Travel to Event's Place BUS/Train (AC3)/1			(AC3)/Flight					
Travel back from from Event's Place BUS/Train (ACS			(AC3)/Flight					
Any other								
Total								
Total (in words)								
4. Declaration								
I, hereby declare that the information furnished above is true, complete and correct to the best of my knowledge and belief. I understand the consequences of the event of my information being found false or incorrect at any stage. Date: Signature of Applicant								
			Remark:			Signature		
Head of Departmen	Forwarded/	Rejected	Kemark:			Signature		
Dean R&D	Approved/Not	Approved	Remark:			Signature		
Principal	Approved/Not	Approved	Remark:			Signature		
Note: Enclose all the	necessary and releva	nt copies of doc	uments along w	ith this	application (for e.g. pre-a	pproval, certificate, registration		

receipt, tickets, etc.)