Reimbursement form for Special Incentives [5 & 7]

Instructions: 1) All entries should be computerized 2) Strikeout which is not applicable 3) Follow guidelines

**Academic Year**

1. Applicant’s Details:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Department** | **ME** | **EE** | | **ET** | **CS** | | **EMT** | | **FY** | | | **MBA** | |
| **Applicant's Name Bold (Surname First):** | | | | | | | | **Mobile No:** | | | | | |
| **Designation:** | | | **Student-Semester:** | | | **Email ID:** | | | | | | | |
| **No. of times Incentive is claimed under this category during current academic year?** | | | | | | | | | | **00** | **01** | | **02** |

2. Event particulars:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Professional Membership [5.1]** | **Name of Professional Society:** | | | | | | | | | | | | | |
| **ISTE membership No:** | | | | | | | **Domain -->** | | | | | | |
| **Membership fee Rs.** | | | **Claimed Rs.** | | | | | | | **Documents-payment Receipt** | | | |
| **2. International Level award I, II, III Prize [7.1, 7.2, 7.3]** | **Name of award:** | | | | | | | | **Authority:** | | | | | |
| **Date of Award:** | **Prize** | | **I** | **II** | **III** | | **Documents-Certificate from Authority** | | | | | | |
| **3. National Level award I, II, III Prize [7.4, 7.5, 7.6]** | **Name of award:** | | | | | | | **Authority:** | | | | | | |
| **Date of Award:** | **Prize** | | **I** | **II** | **III** | | **Documents-Certificate from Authority** | | | | | | |
| **4. State Level award [7.7]** | **Name of award:** | | | | | | | | | **Authority:** | | | | |
| **Date of Award:** | | | | | **Documents-Certificate from Authority** | | | | | | | | |
| **5. Convener of I/N Conference**  **Organized in the Institute [7.8]** | **Was it SCOPUS/UGC?** | | | | | **Dates** | | | | | | **Offline/online** | | |
| **Theme:** | | | | | | | | | | | **Documents-Office order** | | |
| **6. Co-Ordinator of STTP/QIP/FDP**  **organized in Institute minimum**  **six days. [7.9]** | **Title:** | | | | | | | | | | | | | |
| **Dates From To** | | | | | | | **Total No. of participants:** | | | | | | |
| **No. of External participants** | | | | | | | **Attach office order** | | | | | | |
| **7. Chairing Technical Session of International Conference at any place [7.10]** | **Title of Conference** | | | | | | | | | | | | | |
| **Institute** | | | | | | | | | | | | **Date** | |
| **Documents 1) Attendance certificate. 2. Approval for duty leave** | | | | | | | | | | | | | |
| **8. Invited as Keynote Speaker in International Conference in India [7.1]** | **Title of Conference** | | | | | | | | | | | | | |
| **Institute** | | | | | | | | | | | | | **Date** |
| **Documents 1) Attendance certificate. 2. Approval for duty leave** | | | | | | | | | | | | | |
| **9. In-house Resource Person for**  **STTP/FDP/Seminar/Workshop [7.12]** | **Title:** | | | | | | | | | | | | | |
| **Topic Delivered:** | | | | | | | | | | | | | |
| **Date:** | | **Documents: Certificate form to Convener of Program** | | | | | | | | | | | |
| **10. Developed MOOC [7.13]** | **Title:** | | | | | | | **AICTE/UGC/NPTEL/ Approved** | | | | | | |
| **Institution affiliation:** | | | | | | | **Documents-Link for the course** | | | | | | |
| **11. Book / Book Chapter [2.1]** | **Title:** | | | | | | **Domain** | | | | | | | **ISBN** |
| **Publisher:** | | | | | | **First Author- Yes/No.** | | | | | | | |
| **Article Link** | | | | | | **Documents: 1. Copy of Book 2. Pre-Approval** | | | | | | | |

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| --- | --- | --- | --- | --- | --- |
| **12. National award as mentor [7.14]** | **Smart India** | **Hackathon** | **Toyathon** | **Chattrasena** | **Incubation** |
| **Entrepreneurship** | **Start-up** | **Innovation** | **Document: Certificate from Authority** | |

|  |  |  |
| --- | --- | --- |
| **Authority** | **Comment** | **Dated Signature** |
| **Departmental Activity In-charge** | **All details are filled in. Documents attached.** |  |
| **Head of the Department** | **Claim may be please be approved** |  |
| **Institute Level Activity In-charge** | **Verified details. Amount may be sanctioned.** |  |
| **Principal** | **Approved** |  |
| **CED** | **Recommended for payment of Rs** |  |

For office use:

**5. For Accountant:**

**Bank: Cheque No: Date: Amount:**

**Sea \*\*\***