



INDIAN INSTITUTE OF TECHNOLOGY MANDI

MANDI- 175 075 (H.P.), INDIA

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PROFORMA FOR THE CLAIM OF THESIS GRANT

To

**The Associate Dean (Research)
Indian Institute of Technology Mandi
Mandi (H.P.) - 175075**

Please approve the payment of an amount of Rs._____ (Maximum Rs. 1500/-) as thesis grant of my M.S. /Ph.D. (tick one) Thesis entitled:

DETAILS OF REIMBURSEMENT CLAIM:

S.NO.	Item	Bill/Cash memo/receipt no. with date*	Amount

Signature of the Scholar (with date).....

Name:

Roll No.:

School:

Recommended and Forwarded

Approved/Not Approved

Name and Signature

Thesis Supervisor

Date:

Associate Dean (Research)

Date:

For Audit and Accounts Section

Audit:

Accounts:

Pre-audited for Rs. _____.

Passed for payment Rs. _____.

Financial Year:

Dated:

AR (Audit & Account)

Transferred in the bank a/c on _____.

Cheque no. & date _____.

(If paid by cheque)

Dated:

F&AO/Registrar

*Scholars are required to sign each and every bill attached with this form, take approval from competent authority and submit to Finance and Account Office