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CASH ADVANCE REQUISITION SLIP

		Date:
Name:	Designation:	
Department:	Faculty:	
Norms of advance:		
	For every expense carried out; 2). The imprest may be transferred/treated as personal advance	
Sir, Kindly provide sum of Rs.	(in words)	
as an Advance against My: SAL	ARYACCOUNT IMPREST for	the purpose of:
		Signature of Applicant
Approved Rs.	(in words)	as an imprest.
to be adjusted on or before	(Date)	
CF & AO		Registrar
	rersities & Approved by UGC (Govt. of India) under 2(f)	
Name:	Designation:	
Department:	Faculty:	
Norms of advance:		
	For every expense carried out; 2). The imprest may be transferred /treated as personal advance	
Sir, Kindly provide sum of Rs.	(in words)	
as an Advance against My: SAL	ARYACCOUNT IMPREST for	the purpose of:
		Signature of Applicant
	_(in words)	as an imprest,
to be adjusted on or before	(Date)	

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TRAVEL EXPENSES REPORT

NI CI	D 14					1 D				
	me of Faculty:- partment :- Name:-				1. Purpose of journey:-					
Departme	ent :-					2. Permitted by:-				
		Designation:- Employee Cod	la•_			3. Journey Verified by:- Signature:-				
(A) Dotoil	s of Journe		10			Signatu	16			
(A) Detail	Departu	•		Arrival		I				Amount
Date	Time	Station	Date	Time	Station	I Mada V- Class I Tialrof/DND No.1		(INR)		
Dutt	Time	Station	Dutt	11110	Station	+ + + + + + + + + + + + + + + + + + + +				
-										_
										_
									(1)	
						Total (A)				
(B) Haltir	ıg Allowan	ce / Hotel / Foo	d Expenses:							
	tion		ce of Stay Rent		DA No of		Days: Amo		int (INR)	
-			<u> </u>							,
-							Tota	sl (D)		
(C) Local Conveyance & Other Charges:						Total (B) Amount (I			int (IND)	
	Conveyant	ce & Other Cha	ii ges.						Amou	int (ITAK)
1) 2)										
3)										
4)										
5)										_
6)										
7)										
8)										
9)										
10)					_		al (C)			
I undertake & confirm that:						Grand Total (A+B+C)				
		prepared as pe		norms.						
2. No claim for this bill has been made so far.						Advance taken on Rs				
3. Necessary details of expenses & purpose of journey is enclosed					Net Amount Payable / Receivable					
				Approved for Rs.						
					In words:					
Signa	Signature of Claimant:									
	D. 4							,,	~•	
Date:				Authorised Signature:						
				CF & AO						

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REQUEST FOR STAFF LOAN

To,		ſ					
Registrar			Loan A/c Number:				
Respected	l Sir/Ma'am,						
		Subject: Request for St	taff Loan				
With due	respect, I request you to pleas	se sanction me a staff loar					
			only). The required information is as under.				
S.No.	Particular		Details				
1.	Employee Number						
2.	Name of Employee						
3.	Designation						
4.	Date of Joining						
5.	Previously Loan availed		Rs.				
6.	Previously Loan Adjusted	lon					
7.	Reason of Fresh Loan						
8.	Monthly Installment Amo	ount	Rs.				
			Thanking you Yours faithfully				
			Signature with date				
		Recommendation	ons				
Recomm	mended Staff loan of Rs	/	only)				
to Shri_		·					
			Signature with name & date				
Society Office							
Sanction	ned Staff loan of Rs	/-	only) to				
Shri		Repayab	ole in(nos) EMI of Rs				
each starting from salary of (month). Obtain a PDC and keep on record.							
			Signature of Sanctioning Authority				