

# Claim form for CONTINGENCY EDUCATION GRANT of Research Scholars

Form No.  
(office use)

Name of Research Scholar \_\_\_\_\_ Computer Code \_\_\_\_\_

Year of Joining \_\_\_\_\_ Tel Ext./Mobile No. \_\_\_\_\_ Room No. \_\_\_\_\_

Department \_\_\_\_\_ TIFR mail address \_\_\_\_\_

**Please put (√) mark(s) whichever is applicable**

DETAILS	Tick (√)	DETAILS	Tick (√)
Books/Xeroxing	<input type="checkbox"/>	Software Items	<input type="checkbox"/>
Membership Fees for Professional Organisation/s	<input type="checkbox"/>	Computer Peripherals	<input type="checkbox"/>
Travel expenses for attending Schools/Conferences	<input type="checkbox"/>	Laptop	<input type="checkbox"/>

**A. Books/Xerox, Software items, Computer Peripherals, Laptop**

Sr. No.	Name of purchased books/items	Name of the Supplier	Cash Memo/ Invoice No.	Date	Amount (Rs.)
				Total	

\* Please get currency converted into Indian Rs. (from Accounts Section)

**B. Membership Fees for Professional Organisation/s, Travel Expenses for attending Schools/Conferences**

**Total Rs.** \_\_\_\_\_

\* Please give full details along with necessary enclosures.

**Total A+B (Rs.)** \_\_\_\_\_  
(If both parts are filled)

\_\_\_\_\_ )

**Name & Signature of Course  
Co-ordinator/Ph.D./Project Guide**

I hereby authorise TIFR to recover any extra Contingency amount paid to me, over and above my eligibility (calculated proportional to the fraction of the year spent in the Institute) from by salary, if I leave the Institute before the completion of the Academic Year (August to July)

Signature of Student \_\_\_\_\_  
Date: \_\_\_\_\_