

Claim form for CONTINGENCY EDUCATION GRANT of Research Scholars

Please fill the form in duplicate or SUBMIT **XEROX COPY**

Form No.

Name Research Scholar _____ ID Code _____

Year of Joining _____ Tel Ext./Mobile No. _____ Room No. _____

Department _____ TIFR e-mail address _____

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

DETAILS	Tick (√)	DETAILS	Tick (√)
Books/Xeroxing		Software Items	
Membership Fees for Professional Organisation/s		Computer Peripherals	
Travel expenses for attending Schools/Conferences		Laptop	

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

S.No.	Name of purchased books/items	Name of the Author/s/Supplier	Cash Memo/Invoice No. & Date	Amount (Rs.)
Total			TOTAL	

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

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

* Please give full details along with necessary enclosures.

_____)

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

Signature of Student _____

Date: _____