

**CLAIM FOR CONTINGENCY GRANT FOR Ph.D. STUDENTS / RESEARCH ASSOCIATES (RA)**  
 (w.e.f October 2024)

| <b>Name of Ph.D. Student/RA:</b>                      |                  | <b>Year:</b>                                                                                                          |              |
|-------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------|--------------|
| <b>Date:</b>                                          |                  | <b>Roll No.:</b>                                                                                                      |              |
| Date on Bill / Invoice                                | Invoice/Bill No. | Title of book / Item Details / Travel details with documents / Conference & Workshop registration, accommodation etc. | Amount (Rs.) |
|                                                       |                  |                                                                                                                       |              |
|                                                       |                  |                                                                                                                       |              |
|                                                       |                  |                                                                                                                       |              |
|                                                       |                  |                                                                                                                       |              |
|                                                       |                  |                                                                                                                       |              |
|                                                       |                  |                                                                                                                       |              |
|                                                       |                  |                                                                                                                       |              |
|                                                       |                  | <b>Total Rs.</b>                                                                                                      |              |
| Approved by                                           |                  | Signature of Student                                                                                                  |              |
| STUDENT'S Ph.D./RA GUIDE                              |                  |                                                                                                                       |              |
| AUTHORIZED FOR PAYMENT BY THE RESPECTIVE SCHOOL CHAIR |                  |                                                                                                                       |              |

**NOTE:** All documents/invoices must be *in the name of the student* and must clearly indicate the invoice number, title of the book, GST number, travel tickets, flight boarding passes, etc. This form, after the signatures of the Guide and the School Chair, must be submitted to the Academic Office.

**The relevant documents / books / items must be shown to the Academic Office for verification.**

**For CEBS Office Use only**

Available Amount: Rs. \_\_\_\_\_

Certified for Payment: Rs. \_\_\_\_\_

(Signature of Official at Academic Office)

(Signature of Official at Accounts Office)