**RF-5(Non-NET)**

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**ASSAM UNIVERSITY::SILCHAR**

(FORMAT FOR SUBMISSION OF CONTINGENCY CLAIM (NON-NET) OF PH.D SCHOLARS BY THE DEPARTMENT)

**Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Name of the student** | **Enrolment no.** | **Date** | **Admissible period** | | **Claim amount**  **(Total amount )** | **Money receipts (APR’s) submitted for Rs. (amount)** | **Remarks** |
|  |  |  |  | **From** | **To** |  |  |  |
| 1 |  |  |  | a.\* |  |  |  |  |
|  |  |  |  | b. |  |  |  |  |
| c. |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |

Certified that the expenditure were incurred by the claimant within the admissible period and the vouchers/money receipts are duly certified by the scholars and countersigned by the supervisors.

Signature of the Head

With seal

Checked & Prepared by

Dealing assistant

N.B.:-

1. \*a,b,c, indicate the admissible period (12 months ) for which the claim is submitted.
2. Department is to check (a) Signature of Scholar and supervisor on each money receipt (b) whether the date of money receipts / vouchers are within the admissible period (c) whether the total amount of money receipts is matched with the claim amount may be checked.