



भारतीय पेट्रोलियम और ऊर्जा संस्थान, विशाखापट्टनम
INDIAN INSTITUTE OF PETROLEUM & ENERGY, VISAKHAPATNAM

CLAIM FORM FOR PROFESSIONAL GROWTH FUND (PGF)

Name of the Faculty			
Designation		Emp Code	
Department		Financial Year	

Reimbursement Submitted for : Amount Rs. _____.

Amount Claiming Under : Professional Growth Fund

Reimbursement amount entered in department Stock Register:

Name of the Stock Registrar _____ Page No. _____ S. No. _____

This is to certify that the above claims are being made (with bills/receipts/details in the attached sheets) and may be reimbursed from the balance available in my PGF account.

Signature of the Faculty with date

Recommended / Not Recommended forwarded with remarks

Date: Signature of Head of the Department

F & A Division

PGF Balance available as on date: _____ Financial Year: _____

Dealing Assistant

Asst. Registrar / Superintendent (Accounts)

Internal Audit

Internal Audit Remarks: Bills checked in Audit for Rs. _____

Internal Auditor

Approved / Not Approved

Director / DOFA

Forwarded to F&A for reimbursement of expenses: