

NILSAA Reimbursement Form					
			Kindly Tick		
Moot Court					
Debate					
ADR					
Seminar					
Others					
Event Name:					
Venue:					
Date:					
Details of Participants					
Sr. No.	Name of student	Roll No.	Batch	Semester	Division
1					
2					
3					
4					
5					

CHECKLIST OF DOCUMENTS SUBMISSION*					
Sr. No.	Documents	YES	NO	If NO, then pl. state the reason	For Office (verified)
1	Whether Order/Application duly approved by HoI				
2	Whether Certificate of Attendance submitted				
3	Whether duly signed Event Report submitted				
4	Whether Memorials (2 copies) submitted - for moot court				
5	Whether Trophies(if any) submitted				
6	Whether Compendium submitted - for moot court				
7	Whether all the claims are supported by original documents/receipts				

DETAILS OF EXPENDITURE					
Sr. No.	Particulars (Head)	Whether claiming (Yes/No)	Whether Original doc/receipt submitted (Yes/No)	Actual Expenses	Approved Amount
1	Registration Fee				
2	Travel Expenses (Train/Bus)**				
3	Local conveyance Expenses				
3.1	Home to Railway/Bus Station				
3.2	Return from Railway/Bus Station to Home				
3.3	Railway Station to Venue/Accommodation				
3.4	Return from Venue to Accommodation				
4	Accommodation Expenses(If any) ***				
	Other day(pl. submit separate sheet, if required)				
7	Photocopy Expenses(self attested) ****				
7.1	Memorial				
	Spiral binding				
	Other (Specify)_____				
8	Postage Expenses				
9	Any Other (Specify)				
9.1					
9.2					
	Total Amount (Rs)				

*	Any claim without supporting documents/receipts, will not be accepted and considered for reimbursement.
**	Only Train(3AC)/Bus travel is eligible for reimbursement. If travelled in any other mode including flight, then pl. calculate the claim as per the eligible mode and submit along with copy of the proof of calculation of eligible fare(copy of the 3AC fare details)
***	If accommodation is provided by the organizers, please furnish details
****	Photocopy if done from NU campus, through Indent(approved by the Institute) is eligible for reimbursement on submission of copy of indent form. In case, photocopy is not done from NU campus, then please submit justification for consideration approval(with all necessary documents to be attached)

Name of Student/s to whom the Cheque/DD should be issued: (In Block Letters)		
Declaration: I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it and will not be eligible to get reimbursement.		
Sr. No.	Name	Signature
1		
2		
3		
4		
5		

Final Approved Amount

Checked

Name

Signature

Faculty Coordinator

Executive Secretary

Faculty Advisor

Chief Patron