

NIRMA UNIVERSITY

Performa to be filled-in by the Faculty Member for the purchase of Books under Books Reimbursement Scheme (20____- ____)

Institute:

Ext. No.:

Name:

Designation:

Department:

Date of Joining:

Kalupur Bank Acc. No.:

E-Mail:

Sr.	Name of Books	Author	Publisher	Approx Cost
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
			Total	

Above mentioned books will be helpful to enhance my knowledge in the respective field and useful to me in teaching the courses. I kindly request you to grant me the permission to purchase the above said books under Book Reimbursement Scheme.

Amount of Ceiling for Book Reimbursement: Rs.

Utilized Amount: Rs.

*Membership Fees paid or proposed to be paid to any Professional Body: Rs

*Internet Access Fee Paid or proposed to be paid to any internet Access provider: Rs.

*Periodical Subscription Fee Paid or proposed to be paid to any vendor/publisher: Rs.

**Signature of
Faculty Member**

HOD

Director/Principal

Librarian

* Please attached receipts