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**OFFICE OF THE DEAN (RESEARCH AND CONSULTANCY)**

**MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY ALLAHABAD**

**PRAYAGRAJ-211 004 (India)**

**Website:** <http://www.mnnit.ac.in>

## Application for Advance for Testing/Consultancy/Research Projects

Voucher No. : Cheque No. : Amount Rs.

Date : Date :

1. Employee Code : Name : Design. Deptt.
2. Project no. & date : CP/ Project amount received: Rs 3.Purpose for which advance is needed:
3. Justification for release of Advance :
4. Estimate for the amount required :
5. Head of Account :
6. Particulars of advances for which the P.I. yet to settle :

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Adv. Trans. No.** | **Date** | **Head of account** | **Purpose for which adv. drawn** | **Amount** |
|  |  |  |  |  |
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**Recommendation H.O.D. Signature of the P.I. Date :**

**Signature of Dean (R&C) Signature of Director**

Processing by the office of the Dean (R&C) (To be used by the office of the Dean (R&C)

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Account Consultancy/**  **Project No.** | **Current Balance**  **(Rs.)** | **Amount of advance**  **(Rs.)** | **Balance Amount**  **(Rs.)** |
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**Dealing Asstt. Supdt. Asst. Registrar (R&C) Internal Auditor**

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**Name of Department**

**MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY ALLAHABAD**

**Prayagraj – 211 004 (India)**

**Website:** <http://www.mnnit.ac.in>

**Project Staff Selection Proforma**

**Request for Dean (R&C)’s Nominee in Selection Committee for the Appointment of the Project Staff**

**Dean (R&C)**

**Through-** Head of Department

**Sub:** Request for nominating members of the Selection committee for the appointment of the Project Staff

**Title of the Project: ................................................................................................................................**

**Name of Funding Agency:........................................................................................................................**

**Name, Designation and Department of the PI:.......................................................................................**

**Details of the Post:.....................................................................................................................................**

The constitution of the Selection Committee will be as under:

1. Head of Department Chairperson

1. .......................................... ……... Dean (R&C) Nominee Member (Concern

Department from MNNIT Allahabad)

3. ....................................................... Dean (R&C) Nominee Member (From Other Institutes)

……………………………………

4. PI Convener

5. Co-PI (if any)………………………. Member

(Name of PI)

Forwarded

(HOD)

Approval of selection committee Signature with date of Dean (R&C)

**Details of External Faculty Members (Professor/ Associate Professor)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No.** | **Name** | **Designation** | **Name of the Institute** | **Department** | **Expertise** |
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Signature of PI

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**NAME OF DEPARTMENT**

**MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY**

**Prayagraj – 211 004 (India)**

**Website:** <http://www.mnnit.ac.in>

**Project Staff Renewal Evaluation Proforma**

**Request for Dean (R&C)’s Nominee in Evaluation Committee for the Renewal of the Project Staff**

**Through-** Head of the Department

**Sub:** Request for nominating members of the evaluation committee for the renewal of the Project Staff

**Title of the Project: .................................................................................................................................**

**Name of Funding Agency:......................................................................................................................**

**Name, Designation and Department of the PI:....................................................................................**

**Name of the Project Staff and Position................................................................................................**

**Details of the Post:**

1. Head of Department Chairperson
2. ……………………………………… Dean (R&C) Nominee Member (May please be

nominated from the Institute)

1. PI Convener
2. Co-PI (if any)………………………… Member

Signature of PI with date

(PI)

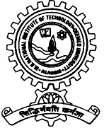
Forwarded

Signature of HOD with date

(HOD)

Approval of evaluation committee

Signature with date of Dean (R&C)

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# Motilal Nehru National Institute of Technology (MNNIT) Allahabad TA/DA Bill

Name of the claimant ………………………………………….. Designation ………………….. ……. Department/Office ………………..

Organisation ……………………………………… Basic Pay ……………………………………………………………

Purpose of the visit (approved by) …………………………………………………………………………………………………………….

………………………………………………………………………………………………………………………………………………….

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Departure** | |  | **Arrival** | | **\*Mode of Journey** | **Km.** | **Expendtiture (Rs.)** | **Remarks/ticket No.** |
| Station | Date & Time (in 24 hour) |  | Station | Date & Time (in 24 hour) | Rail/Road  /Air – Class |  |  |  |
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| Cost of local travels : | | | | | | |  |  |
| Total days of absence from the Head Quarter | | | Transit DA for ……….. days @ Rs. ………………  Fixed DA for ………… days @ Rs. ………………  Hotel DA for ………… days @ Rs. ……………… | | | |  |  |
| Free boarding/lodging or both provided if any : | | | | | | |  |  |
| **Total** | | | | | | |  |  |
| **Advance taken** | | | | | | |  |  |
| **Balance to be reimbursed/returned to the employee/by the employee** | | | | | | |  |  |

Signature of the claimant

I certify that :

* 1. No concession was available.
  2. Journey was actually performed in the class for which claim has been made/performed.
  3. Journey was performed by the shortest route (if not the reason) and in the interest of the institute.
  4. Journeys by road were performed in hired conveyance/borrowed conveyance for which proper charges have been paid by me.
  5. TA for the above journeys has not been drawn from any other sources

I certify that the information as given above are true and to best of my knowledge and belief.

(Signature of the claimant with date)

Name ……………………………………………….

Address : ……………………………………………

……………………………………………

……………………………………………

Certified that Mr./Ms./Dr was required to travel for the reason as

specified in the interest of the Institute and his/stay from …………………………… to was

necessary.

(Director/Head of the Department)

Head of Account :

Passed for payment/adjustment for

………………………………………………………………………………………………………………………………….

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Bill Asstt. Supdt. Asst. Registrar (R&C) Dean(R&C) Director