Form no.: PMRF-01/PMRF-02



## INDIAN INSTITUTE OF TECHNOLOGY KANPUR

Dean of Research & Development (DORD) Office

## Prime Minister's Research Fellowship

**Direct Payment/Reimbursement Form (Contingency / Research Grant)** 

Name of the Student							Department		
Project Nur	mber						Roll Number		
PMRF ID							Mobile No.		
Name of the Supervisor							Email		
Date of Joir	ning PM	RF					1		
Payment Type									
In case of	of <b>Vend</b> o	or payment	, please fill th	ne following:	In case of <b>Reimbursement</b> , please fill the following:				
Vendor Name:				P.F	No./ R	oll No.:			
		Bank Nam	Name:			Name:			
Details*: (*Please fill in		A/C No:	A/C No:						
3		IFS Code:	FS Code:			ason(s)			
not available in		Branch:			Reimbursement:				
the invoice)									
Details of bills claimed for Direct Payment/Reimbursement:									
Sl. No. I	Invoice/ Bill no.		Date Stock- Register Page No.		ter	Goods purchased			Amount(Rs.)
1.				Tage No.					
2.									
3.									
								Total: (Rs.)	
Declaration:  I am personally satisfied that these goods purchased are of the requisite quality and specification and have been purchased from a reliable supplier at the reasonable price. (Rule 154 of GFR 2017 <a href="https://doe.gov.in/files/circulars document/GFR2017">https://doe.gov.in/files/circulars document/GFR2017</a> 0 11zon 1.pdf or Office order no. DIR/IITK/2018/OO-117 dated December 26, 2018 <a href="https://web.iitk.ac.in/july14iitkn/data/directorateoff_orders/DIR-IITK-2018-OO-117-on-26-12-18.pdf">https://web.iitk.ac.in/july14iitkn/data/directorateoff_orders/DIR-IITK-2018-OO-117-on-26-12-18.pdf</a> as applicable).  1. I have checked the availability of the above stated goods on GEM and the said are not available on GEM.  2. That the reasons quoted for the reimbursement are genuine and purchase made from personal resources was unavoidable.  3. The total amount be transferred to the beneficiary bank account as mentioned above.									
3. The total amount be transferred to the beneficiary bar Forwarded						Forw		Above Rs. 25,000/-	
Sign. of Student			Principal Investigator			H.O.D.		PMRF Coordinator	
For Office Use									
Contingency	y Sanctio	oned till dat	e						
Amount already reimbursed if any									
Amount claimed now									
Balance after	•								
Passed for Payment:									
Assistant						Superintendent Officer In		Officer In-Cha	rge (R&D)