



अखिल भारतीय वाक्श्रवण संस्थान, मैसूर - 06
ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE - 06
(An autonomous institute under Ministry of Health and Family Welfare, Govt. of India)

FORM B

CLAIM FORM FOR CONTINGENCY GRANT FOR PHD STUDENTS

Name of the Student	
Course	
Joining Date	
Period of Contingency Claim	1 st year/ 2 nd year/ 3 rd year

Expenditure details given below:

S.No	Type of Expenditure	Name of the Vendor	Invoice No.	Date	Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Please find enclosed the prior approval for above expenditure. Contingency claim have been submitted for the period to for First/Second/Third year. It is requested to kindly approve admissible contingency grant as per rule.

Signature of the candidate with date: _____

Payment for contingency grant is recommended/ not recommended.

Signature and Name of the Guide/Supervisor

List of Enclosures:

i. Bills of Purchase	ii. Bills/tickets/boarding pass reg. travel for conf. / workshop /seminar etc.	iii. Participation certificate of conference/workshop/seminar etc.
iv. Bills should be in original, online bills should be in proper order with correct invoice number, tax deductions, date and name of the student.		