

Ref. No.: _____ To be filled at TEQIP Office

Faculty & Staff Claim Form
Date: _____

**BIRLA VISHVAKARMA MAHAVIDYALAYA (BVM) ENGINEERING COLLEGE VALLABH
VIDYANAGAR -388120, GUJARAT, INDIA
TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME FUNDS
(TEQIP FUNDS)**

**Claim Form Reimbursement under TEQIP Funds for Make up or
Remedial Classes by BVM Faculty/Staff**

Name and designation of the applicant: _____

Department: _____

Employee number (in BVM): _____

Salary: Basic: _____

Grade pay with AGP/Level: _____

Event Name (description in brief): _____

Ref. No. and date of Approval of Proposal (attach a copy): Also attach a copy of office
order/Time Table _____

Sr. No.	Sub. Name	Sub. Code	Date & Day	Timing	Hours	Amount (INR)	No. Of student	Remarks
1								

- I hereby submit a brief report (Hard Copy & Email / CD) indicating the outcomes of the above event & the analysis of Students Feedback of the event.
- I abide to return the received amount in part or full in case of any discrepancy raised by competent authority in future.
- I hereby enclose
 - The copy of office order/Time Table
 - The Attendance Report of student's day wise
 - The result analysis of External Exam of these students to the TEQIP Office

Bank Name (Salary A/C) : _____ Account No (Full): _____

Signature of Applicant: _____ (Submit completed form to the TEQIP office.)

----- X ----- X -----

Signature of HOD : _____, (Verified that the utilization of the fund is as per TEQIP Funds norms & approval taken)

Concerned Officer (Academic): _____, (Signature) _____ (Name)

----- X ----- X -----

→ Office use only:

No. of Days	Maximum permissible Amount (Rs.)		
	Theory Hours	Practical/ Tutorial Hours	Remarks

Passed for amount (INR): _____ (Rupees _____)

Sign of Clerk, TEQIP Office: _____ Finance Officer, TEQIP-Funds, BVM: _____

Sign of OSD _____

Principal, BVM: _____