

**OFFICE OF RESEARCH AND DEVELOPMENT**

**CLAIM BILL - REFRESHMENT EXPENSES**

**Research Advisory Committee (RAC)**

| 1 | Name of the RAC Convener | : |  |
| --- | --- | --- | --- |
| 2 | Name of the Department | : |  |
| 3 | Nature of Meeting | : | RAC/Synopsis/Viva Voice |
| 4 | Number of Scholars Attended | : |  |
| 5 | Date of DRC / RAC/ Synopsis/Viva Voice | : |  |
| 6 | Venue of the Meeting | : |  |
| 7 | Name of the expert member with full Address | : |  |
| 8 | Particulars | **Amount (Rs.)** |
|  | Refreshment Expenses up to Rs 300/- (bill to be enclosed) |  |
| **Total** |  |

 **Signature of Department R&D Incharge Signature of the RAC Convener**

**Signature of the Director (R&D)**

**Account Details:**

Name of the Account holder :

Name of the Bank and Branch :

Account No. :
IFSC Code :
Phone Number :