



VJTI MUMBAI

वीरमाता जिजाबाई तंत्रज्ञान संस्था

Veermata Jijabai Technological Institute

(Autonomous Institute of Govt. of Maharashtra)

H. R. Mahajani Road, Matunga (East), Mumbai - 400 019

Phone: +91 22 24198101/102 • Fax: +91 22 24102874 • www.vjti.ac.in

Application for approval of deputation to attend Training Seminar/Conference
(NIT / IIT / NIRF 100 / QS 500 / Listed Conference Only)

Name	Mr. / Ms. / Dr.	
Employee Code No.		
Designation and Department		
Basic Pay Level		
Title of the Training Program / Seminar / Conference (International / National) strike out the unwanted		
Name of Organizer / NIRF Rank / QS Rank / Listed conference of		
Venue		
Dates:	Dt. / /20 To Dt. / / 20	
Participant as: (Attach proof / Full Paper / Broucher)	Trainee / Delegate / Paper Presenter / Any other (specify)	
Estimated expenditure for attending the even Budget head – Delegation and Deputation (Staff / Faculty)	Registration fees	
	Boarding & Lodging	
	Travel to & fro	
	Local travel	
	Contingencies	
	Financial Assistance (-)	
	Total	
Benefit to Individual / Institute (If required attached document)		
Signature of Employee		
Signature & Remark of Head of Dept.		
Remark and Signature of Dean (RD&C) / Dean (AP)	Recommended / Not Recommended	
Accounts Officer (Rules / Allocation)		
Dy. Director / Registrar	Recommended / Not Recommended	
<u>Director</u>	Approved / Not Approved	

- No advance shall be given for this activity



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Application for approval of Conference for Students
(NIT / IIT / NIRF 100 / QS 500 / Listed Conference Only)

Name of the Student	Mr. / Ms.	
Student ID		
Department and Programme		
Title of the Conference (International / National) strike out the unwanted		
Name of Organizer / NIRF Rank / QS Rank / Listed conference of		
Venue		
Dates:	Dt. / /20	To Dt. / / 20
Participant as: (Attach proof / Full Paper / Broucher)	Paper Presenter / Any other (specify)	
Estimated expenditure for attending the even (UG/PG with maximum limit of Rs. 20,000/- and Full Time PhD Scholar with Rs. 1,00,000/- during tenure.	Registration fees	
	Boarding & Lodging	
	Travel to & fro	
	Local travel	
	Contingencies	
	Financial Assistance (-)	
	Total	
Benefit to Individual / Institute (If required attached document)		
Signature of Student		
Remark & Signature of Supervisor (Specific Comment)		
Signature & Remark of Head of Dept.		
Remark and Signature of Dean (RD&C) / Dean (AP)	Recommended / Not Recommended	
Accounts Officer (Rules / Allocation)		
Dy. Director / Registrar	Recommended / Not Recommended	
<u>Director</u>	Approved / Not Approved	

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Honorarium/Remuneration/Fees paid to consultants, Visiting faculty, Examiners Form

- The Institute receives services from various experts / faculty for academic, administrative or consultancy work. This income is covered under Professional fees of Income Tax Act, Section 194J.
- The Institute is required to deduct 10% Tax (TDS) on the remuneration paid.
- All are advised to fill the Bill and Receipt in the standard format.
- The institute prefers to pay all amounts directly to account of the receiver. Hence you are requested to get the Mandate form filled from the expert / visitor.

(To be filled by the external member)

Name	Mr./Ms./Dr.		
Designation, Organization			
Address in Full			
Contact No.		E mail:	
Permanent Account Number (PAN)			
Details of Honorarium / Remuneration "Table A" (Unit Rate @ 7,000 / 5,000 / 3,000 / 2,000 / 1,000)			
Evaluation	Class:	No. of Students:	Total Honorarium Rs.
Expert Lectures	Class:	No of Lectures:	Total Honorarium Rs.
Meetings			Total Honorarium Rs.
Any Other			Total Honorarium Rs.
Total of "Table A":			

a. **Details of travel expenditure** (Please mention ticket no, Vehicle No. etc., attach original receipts / tickets / taxi bills)

Travel Details "Table B"	Mode of Journey	Fare paid (Rs.)
To and Fro travel (outstation)		
Local travel		
	Sub-Total	
Details of accommodation (Please attach original receipts of Hotel/Guest House)	Day & Date	Boarding & Lodging charges paid (Rs.)
	Sub-Total	
	Total of "Table B" Rs.	
	Grand Total (Table A + B) Rs.	

Particulars provided herewith are correct and that I have not claimed TA/DA etc. for this Journey from any other source. Also, I was not provided free lodging and / or boarding at the cost of Govt. / University or any Govt. aided body. For which this claim is put up.

Signature of Organizer

Head of the Department

Date & Signature of claimant

Bank Details of Receiver

Name on the Bank A/c.	
Name of Bank	
Bank Branch	
Bank A/c. No.	
IFSC Code	

Signature of claimant

(Bill Passing Order)

Head of Account	Details	Amount (Rs.)
Travelling expenses		
Boarding expenses		
	Sub-Total (A)	
Honorarium / Remuneration		
	Less TDS @ 10%	
	Sub-Total (B)	
Net Payable Amount		

Checked by – Bill Clerk**Verified by – Internal Auditor**

Passed for Payment of Rs. In Words-Rupees		
Budget Head –		
Account Officer	Dy. Director / Registrar	Director



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Reimbursement towards expenses for Purchase of Books and Technical Journal

1. Certified that the Books and Technical Journals etc. purchased by Professor/Asso. Prof. /Asst. Professor/Lecturer-Mr./Ms./ Dr. _____
Employee ID _____ Department _____ under the scheme of reimbursement of cost of Books have been verified by me and satisfied that they are actually useful for advancement of technical/engineering knowledge as clarified in Annexure A to the Circular from D.T.E., Bombay dated 20.12.1990.
2. Certified that necessary entries of the purchase of Books/Journals have been taken to the Register maintained in the Department for the purpose.
3. Certified that the cost of the Books and Journals as shows in the countersigned cash-memos enclosed **(Limited to Rs. 1,000/-)** is reimbursable to him/her as under (All countersigned memos are enclosed herewith)

Sr. No.	Cash Memo No.	Date	Name of the Bookstall/Co/Publisher	Name of the Book/Journal	Cost Rs.

4. And further certified that the Books and Journals are returned to the concerned teacher duly sealed /stamped after verification.

Faculty (Name & Signature)
Department

Head of

Checked by Bill clerk

Verified by- Internal Auditor

Passed for Payment of Rs.	In words - Rupees	
Budget Head –		
Accounts Officer	Dy. Director / Registrar	Director



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Reimbursement of Membership fees of Professional Societies

Name of Faculty: _____

Employee ID: _____ Designation : _____

Department : _____

Sr. No.	Cash Memo No.	Date	Name of Society / Body	Membership period	Fee Paid Rs.

Certified that the cost of subscription of the professional societies as shown in the countersigned cash-memos enclosed (**Limited to Rs. 10,000/- per annum**) is reimbursable to him / her as under (All countersigned memos are enclosed herewith)

Claimant

Head of Department

Checked by – Bill Clerk

Verified by – Internal Auditor

Passed for Payment of Rs.		In words - Rupees	
Budget Head –			
Account Officer	Dy. Director / Registrar	Director	



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Bills of Visiting Faculty

Details of Lectures / Practical's/ Tutorials conducted by Visting Faculty

Name of the Claimant	
Period	Dt. / / to Dt. / /
Course code & Title:	
Program, Year and Semester	
Approval note dated (Attach Approval Note)	

Sr. No	Course Name	Programme Semester	Credit Assigned	No of Sessions	Total Hours	Honorarium

Total Lecture Hours	Total Practical Hours	Total Tutorial Hours
----------------------------	------------------------------	-----------------------------

I have actually conducted above-mentioned session and I have not claimed any remuneration for the same previously. I have verified that the sessions as mentioned are conducted. The department has maintained record of student attendance.(Attach Attendance Sheet).

Name & Signature of Claimant

Name & Signature of Head of Department



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TA / DA FORM

Staff / Faculty Name:			
Department:			
Employee Code No.		Designation:	
Staff / Faculty Basic Pay			Level
Sanctioned prior Approved Note / Letter (Copy enclosed) dt. - _____			
Purpose of Visit : _____			

Sr. No.	Date Time	Departure From	Date Time	Arrival At	Flight / Train / Taxi / Auto Type	No. of Fares	Claim Amount Rs.	Enclosed Ticket No. & Taxi No.
1								
2								
3								
4								
5								
6								
7								
8								
							Total	
							(+) Add. D.A. admissible for _____ Days @ Rs. _____ per day	
							Total Amount	
							(-) deduction on account of Advance (if taken)	
							*Net Payable Amount	
							(In Words) Payable Amount Rs.	

*** Amount release subject to comply of following conditions**

I certified that:

1. I have travelled by the shortest and cheapest route
2. I have actually travelled by Mail / Express for which it is claimed.
3. I have travelled by class of accommodation not lower than the one which travelling has been claimed in the bill.

Claimant Signature: _____ **Head of Department:** _____

(For Account Use Only)

Checked by – Bill Clerk

Verified by – Auditor

Passed for Payment of Rs.		
In Words – Rupees		
Budget Debit Head -		
Budget Pg. No. :		
Account Officer	Dy. Director / Registrar	Director



Bill No. : _____

Voucher No. : _____

Debit _____ A/c.

Date: _____

Name of the Employee Claimant _____

Employee ID: _____ Department: _____

Passed for Payment Rs. _____ (Rupees _____)

Name on the Bank A/c.	
Name of Bank	
Bank Branch	
Bank A/c. No.	
IFSC Code	

Head of Department

Director

Receiver's Signature & Date



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ADVANCE FORM

PLEASE ATTACH APPROVAL NOTE FOR TAKING ADVANCE

Date:

To,
The Director,
V.J.T.I, Matunga,
Mumbai 400 019.

Sir,

I Shri / Smt. _____

Department _____

Request you to sanction me an advance of Rs. _____

(Rupees in words _____)

for the purpose of _____

Signature of Staff member

1. Certified that No previous amount of advance is outstanding against Shri/Smt. _____

2. The advance now applied for may be sanctioned.

3 Debited to A/c _____

For Head of Department

Through, the Dy. Director / Registrar

Deputy Director / Registrar

Condition: Advance will have to be settled within 8 days from completion of activity or maximum within 01 month.

If not settled within the prescribed period, the advance amount will be recovered from next month's salary.

DIRECTOR

ENTERED ON:

1. Advance Reg. Pg. No. _____ Entry No. _____ Date: _____

2. Budget Register Pg.No. _____

3. Passed for payment Rs. _____

Bill Clerk _____

ACCOUNTS OFFICER

DIRECTOR

Received an Advance Rs. _____

(Rupees _____)

For a work detailed above. I shall account for and repay the balance if any, tomorrow before noon.

Signature of the stall member



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ADVANCE AMOUNT EXPENSES (Settlement and refund form)

Date: _____

Employee Name: _____

Advance Received Amount: _____

Debit Account: _____

Purpose: _____

SUMMARY OF ADVANCE AMOUNT EXPENSES (SETTLEMENT AND REFUND)

Sr.No.	Expenditure Incurred For	Vide Bill No.	Expenditure Amount
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
	Expenditure Total		
	Advance Received Amount		
	Balance Refund / Excess Exp. Incurred		
	Refund Receipt No. Dt.		
	TOTAL EXPENSES		

Advance may get settle with above said expenditure documents (all documents enclosed). (Proof / bills need to attached in original)

Claimant Signature

Head of the Department

Paid in Cash / DD/ NEFT Rs. _____

Receipt No. _____ Dated: _____

Name of Account: _____

Bill Clerk Signature:

Accounts Officer :

Advance Register Page No. _____ Entry No. _____ Dated: _____

