

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION
TATA INSTITUTE OF FUNDAMENTAL RESEARCH

Claim Form for Teachers' Contingency Grant

Name & I.D. Code of Teacher/Grader: _____

Tel. No. _____ Email Address: _____

| Semester | Title of the Course | No. of credits |
|----------|---------------------|----------------|
| | | |
| | | |
| | | |

| S. No. | Date of the bill | Particulars | Amount |
|--|------------------|-------------|--------|
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| | | | |
| Total Amount in words: _____ _____) | | | ₹ |

Date: _____

Signature of Teacher / Grader

To be filled by Dean, HBCSE Faculty's Office:

| | |
|-----------------------------------|---|
| Contingency Grant Entitled | ₹ |
| Present Request | ₹ |
| Balance Amount | ₹ |

Dean, HBCSE Faculty