



**ASSAM UNIVERSITY::SILCHAR**

(FORMAT FOR SUBMISSION OF CONTINGENCY CLAIM FORM(NON-NET) BY THE DEPARTMENT)

Department \_\_\_\_\_

Sl. No.	Name of the student	M.Phil/ Ph.D	Enrollment no.	Date	Admissible period		Total of voucher/money receipt amount	Remarks
					From	To		
1					a.			
					b.			
					c.			
					d.			
2								
3								

Certified that the expenditure were incurred by the claimant within the admissible period and the vouchers/money receipts are duly certified by the scholars and countersigned by the supervisors.

Signature of the Head  
With seal

Prepared & checked by

Dealing assistant

N.B.:- a,b,c,d, indicate the admissible period (12 months ) for which the claim is submitted.