





अधिष्ठाता (शोध एवं परामर्श) कार्यालय  
मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान  
इलाहाबाद – 211004 (भारत)

**Office of the Dean (Research and Consultancy)  
Motilal Nehru National Institute of Technology  
Allahabad-211004**

**Application for Advance for Project**

Voucher No. :                                      Cheque No. :                                      Amount Rs.  
Date :    Date :

1. Employee Code :                      Name :                                      Design.                                      Deptt.

2. Project sanction no. & date :                                      Project amount received: Rs

3. Purpose for which advance is needed:

4. Justification for release of Advance :

5. Estimate for the amount required :

6. Head of Account :

7. Particulars of advances for which the P.I. yet to settle :

Adv. Trans. No.	Date	Head of account	Purpose for which adv. drawn	Amount

**Recommendation    H.O.D.**

**Signature of the P.I.  
Date :**

**Signature of Dean (R&C)**

**Signature of Director**

7. Processing by the office of the Dean (R&C) (To be used by the office of the Dean (R&C))

Head of Account Consultancy Project No.	Current Balance (Rs.)	Amount of advance (Rs.)	Balance Amount (Rs.)

**Dealing Asstt.**

**Sr. Supdt.**

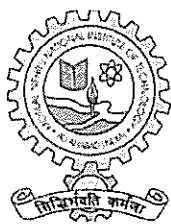
**Asst. Registrar (R&C)**

**Internal Auditor**

8. Received the amount of Rs. .... (in words ...) as an advance for the purpose mentioned above and I am aware of the fact that I am required to settle the advance within a month from the date of receipt of advance drawn. I have also noted the Advance Transaction No. .... for giving reference at the time of refund or submitting the adjustment of account.

**Date :**

**Signature of Principal Investigator**



विभाग का नाम  
मोतीलाल नेहरू राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद  
प्रयागराज-211004 (भारत)

NAME OF DEPARTMENT  
MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY  
Prayagraj – 211 004 (India)  
Website: <http://www.mnnit.ac.in>

**Project Staff Renewal Evaluation Proforma**

**Request for Dean (R&C)'s Nominee in Evaluation Committee for the Renewal of the Project Staff**

**Dean (R&C)**

**Through-** Head of the Department

**Sub:** Request for nominating members of the evaluation committee for the renewal of the Project Staff

**Title of the Project:** .....

**Name of Funding Agency:**.....

**Name, Designation and Department of the PI:**.....

**Name of the Project Staff and Position**.....

**Details of the Post:**

- |                       |   |
|-----------------------|---|
| 1. Head of Department | Chairperson   |
| 2. PI                 | Convener  |
| 3. ....               | Dean (R&C) Nominee Member (May please be nominated) |

Signature of PI with date  
(PI)

Forwarded

Signature of HOD with date  
(HOD)

Approval of evaluation committee

Signature with date of Dean (R&C)



विभाग का नाम  
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प्रयागराज- 211004 (भारत)

Name of Department  
MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY ALLAHABAD  
Prayagraj - 211 004 (India)  
Website: <http://www.mnnit.ac.in>

**Project Staff Selection Proforma**

**Request for Dean (R&C)'s Nominee in Selection Committee for the Appointment of the Project Staff**

**Dean (R&C)**

Through- Head of Department

Sub: Request for nominating members of the Selection committee for the appointment of the Project Staff

Title of the Project: .....

Name of Funding Agency:.....

Name, Designation and Department of the PI:.....

Details of the Post:.....

The constitution of the Selection Committee will be as under:

- |                       |  |
|-----------------------|--|
| 1. Head of Department | Chairperson                                    |
| 2. ....               | Dean (R&C) Nominee Member (Other Department)   |
| 3. ....               | Dean (R&C) Nominee Member (Concern Department) |
| 4. PI                 | Convener                                       |

Forwarded

(Name of PI)

(HOD)

Approval of selection committee

Signature with date of Dean (R&C)



# Motilal Nehru National Institute of Technology (MNNIT) Allahabad

## TA/DA Bill

Name of the claimant ..... Designation ..... Department/Office .....

Organisation ..... Basic Pay .....

Purpose of the visit (approved by) .....

Departure		Arrival		*Mode of Journey	Km.	Expenditure (Rs.)	Remarks/ticket No.
Station	Date & Time (in 24 hour)	Station	Date & Time (in 24 hour)	Rail/Road /Air – Class			
Cost of local travels :							
Total days of absence from the Head Quarter		Transit DA for ..... days @ Rs. ....		Fixed DA for ..... days @ Rs. ....			
		Hotel DA for ..... days @ Rs. ....					
Free boarding/lodging or both provided if any :							
<b>Total</b>							
<b>Advance taken</b>							
<b>Balance to be reimbursed/returned to the employee/by the employee</b>							

Signature of the claimant

I certify that :

1. No concession was available.
2. Journey was actually performed in the class for which claim has been made/performed.
3. Journey was performed by the shortest route (if not the reason) and in the interest of the institute.
4. Journeys by road were performed in hired conveyance/borrowed conveyance for which proper charges have been paid by me.
5. TA for the above journeys has not been drawn from any other sources

I certify that the information as given above are true and to best of my knowledge and belief.

(Signature of the claimant with date)

Name .....

Address : .....

.....

.....

Certified that Mr./Ms./Dr. .... was required to travel for the reason as specified in the interest of the Institute and his/stay from ..... to ..... was necessary.

(Director/Head of the Department)

Head of Account :

Passed for payment/adjustment for

.....

.....

.....

Bill Asstt.

Sr. Supdt.

Asst. Registrar (R&C)

Dean(R&C)

Director



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प्रयागराज-211004 (भारत)

Name of Department  
**MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY**  
Prayagraj – 211 004 (India)  
Website: <http://www.mnnit.ac.in>

**Approved New Evaluation Proforma**

**Request for Dean (R&C)'s Nominee in Evaluation Committee for the Renewal of the Project Staff**

**Dean (R&C)**

**Through-** Head of the Department

**Sub:** Request for nominating members of the evaluation committee for the renewal of the Project Staff

**Title of the Project:**

**Name of Funding Agency:**

**Name, Designation and Department of the PI:**

**Name of the Project Staff and Position**

**Details of the Post:**

- |                       |   |
|-----------------------|---|
| 1. Dean (R&C)         | Chairperson   |
| 2. Head of Department | Member  |
| 3. Name of PI         | Convener  |
| 4. ....               | Dean (R&C) Nominee Member (May please be nominated) |

Signature of PI with date  
(PI)

Forwarded

Signature of HOD with date  
(HOD)

Selection Committee members nominated

Signature with date of Dean (R&C)