TEMPORARY ADVANCE PROFORMA

Name (of Officer/Faculty Member:			
Designation:				
Department/Project:				
Faculty/Institute:				
Curren	t Advance:			
	Amount:			
	Purpose:			
Certific	cate			
1. 2.	1. The Advance is required to meet the immediate expenses.			
	(ii) Adjustment of the Advance a advance has been requested.	bove Rs.50000 v	will be submitted within 30 days after the event date for which the	
3.	3. If the Advances is not adjusted with in stipulated period, my salary may be stopped till the Adjustment of advance.			
	Signature of Claimant.		Signature of HOD/Incharge Officer Recommended For Approval	
		For Treasu	rer's Office use only	
<u>Outsta</u>	nding Advances against the	<u>Claimant</u>		
<u>Sr.No</u>	Amount Da	ated	<u>Purpose</u>	
1				
2				
3				
Total C	Outstanding Advances			
			(Assistant) Treasurer Office	
<u>DEPUT</u>	Y TREASURER			
<u>TREAS</u>	<u>URER</u>			

VICE CHANCELLOR