

**: NATIONAL INSTITUTE OF TECHNOLOGY : : DURGAPUR :  
( FORM FOR DRAVAL OF TEMPORARY ADVANCE )**

1. Name of the applicant with designation
2. Amount of advance required
3. Purpose of advance in details
4. Particulars of unadjusted advance, if any
5. Approximate time for adjustment of this advance

**: UNDERTAKING :**

I undertake that I shall be personally responsible for immediate adjustment of the above advance, if approved within the above specified period.

I also undertake that unspent balance, if any, shall be refunded immediately on completion of the job/journey but not later than three working days.

#Certified that I have already submit bill for the previous advance and no advance is lying outstanding against me.

Signature of the HOD/Section

Seal :

Signature of the applicant with date

Seal ( if any ) :

# Deleted if not applicable

**( FOR USE IN ACCOUNTS SECTION ONLY )**

No outstanding advance is lying against him as per the records available in the Accounts Section. The proposed advance may be consider in view of the above statement and undertaking.

Sanctioned a Temporary Advance of Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_  
\_\_\_\_\_ only) to Dr./Prof./Shri. \_\_\_\_\_

Dealing Assistant

**REGISTRAR**

Dy. Registrar (Accounts)

BILL No. MB/\_\_\_\_\_ Dated : \_\_\_\_\_ Advance Ledger Folio No. \_\_\_\_\_

Pay for Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_  
\_\_\_\_\_ only) to Dr./Prof./Shri. \_\_\_\_\_

Debitable Head : Temporary Advance to Staff

Dealing Assistant

**GUI No.**

Dy. Registrar (Accounts)

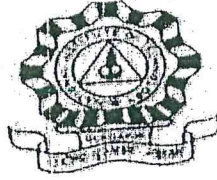
**( FOR USE IN CASH SECTION ONLY )**

Drawn vide Cheque No. \_\_\_\_\_ Dated : \_\_\_\_\_  
Received the payment in full. \_\_\_\_\_ Dy. Registrar (Accounts)

Signature of payee in full with date  
et./-

Cashier





**NATIONAL INSTITUTE OF TECHNOLOGY : : DURGAPUR**  
**( FORM FOR DRAWAL OF IMPREST ADVANCE )**

1. Name of the applicant
2. Designation & Department
3. Amount of advance required

**: UNDERTAKING :**

I undertake that I shall be personally responsible for immediate adjustment of the above advance, within 29<sup>th</sup> March of each Year subject to recoupments from time to time as and when required.  
Certified that I have already submit bill for the previous Imprest Advance and no such advance is lying outstanding against me.

Signature of the applicant with date

Seal, ( if any ) :

# Deleted if not applicable

**( FOR USE IN ACCOUNTS SECTION ONLY )**

No outstanding Imprest Advance is lying against him as per the records available in the Accounts Section. The proposed Imprest Advance may be consider in view of the above statement and undertaking.

Dealing Assistant

Dy. Registrar (Accounts)

REGISTRAR

BILL No. MB/

Dated :

Advance Ledger Folio No.

Pay for Rs. .... ( Rupees .....

..... only ) to Dr./Prof. /Shri. ....

Dealing Assistant

**GBR No.**

Dy. Registrar (Accounts)

**( FOR USE IN CASH SECTION ONLY )**

Drawn vide Cheque No.

Dated :

Dy. Registrar (Accounts)

Received the payment in full.

Signature of payee in full with date

ct./-

Cashier

