



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

OFFICE OF THE DEAN (RESEARCH AND CONSULTANCY)  
MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY ALLAHABAD  
PRAYAGRAJ-211 004 (India)  
Website: <http://www.mnnit.ac.in>

**Application for Advance for Testing/Consultancy/Research Projects**

- Voucher No. :                      Cheque No. :                      Amount Rs.  
Date :                                      Date :
1. Employee Code :              Name :                      Design.                      Deptt.  
2. Project no. & date : CP/                      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

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.

Supdt.

Asst. Registrar (R&C)

Internal Auditor



विभाग का नाम  
मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान इलाहाबाद  
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 (Concern<br>Department from MNNIT Allahabad) |
| 3. ....                | Dean (R&C) Nominee Member (From Other Institutes)                      |
| 4. PI                  | Convener   |
| 5. Co-PI (if any)..... | Member   |

(Name of PI)

Forwarded

(HOD)

Approval of selection committee

Signature with date of Dean (R&C)

**Details of External Faculty Members (Professor/ Associate Professor)**

<b>Sr. No.</b>	<b>Name</b>	<b>Designation</b>	<b>Name of the Institute</b>	<b>Department</b>	<b>Expertise</b>
<b>1.</b>					
<b>2.</b>					
<b>3.</b>					
<b>4.</b>					
<b>5.</b>					

Signature of PI



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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>

**Project Staff Renewal Evaluation Proforma**

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

**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. ....                | Dean (R&C) Nominee Member (May please be nominated from the Institute) |
| 3. PI                  | Convener   |
| 4. Co-PI (if any)..... | Member   |

Signature of PI with date  
(PI)

Forwarded

Signature of HOD with date  
(HOD)

Approval of evaluation 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 HeadQuarter		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.

Supdt.

Asst. Registrar (R&C)

Dean(R&C)

Director