NATIONAL INSTITUTE OF TECHNOLOGY KURUKSHETRA HARYANA

No./		FO	RM - B	Date:
	Procurement of item			B (above Rs. 25,000/-)
Blo	ock YearFina	ncial Year for	which the CPD	A is required
1.	Name of the Faculty:			
	Designation and Departm	ent:		
3.	Nature of appointment:			
4.	Purchase of approved iter	ms/activities <i>as</i>	per List - B with	justification
S. No.	Item/Activity	Qty.	Approx. cost (Rs.)	Justification
			Total=	
5.	Total amount already incu	urred under CP	DA	
6.	Amount incurred under co	ontingency		
(Signature of the HOD/ Coordinator) Date:				(Signature of the Applicant) Date:
		Funds Availa	ble / Not availal	ole
Remarks, if any				Deputy Registrar (Accounts) Date:
Remarks	Items/activ	ities are Allow	red / Not Allowed	d as per norms
Date:				Dean (Faculty Welfare)

To