

Accredited by NAAC with 'A' Grade | Accredited by NBA

Form ID: DYPCET: Accoun	nt/02	Date:
	ADVANCE REQUIREMENT FOR	R <u>M</u>
Name of Activity Coordi	natorDep	partment
Activity:		
Sr. No	Advance required for	Amount (Rs)
	T (1 A (D) 1 (D)	
	Total Amount Required (Rs)	
Forwarded by (Dean/HoI	J):	
Amount Sanctioned (Rs)		
Registrar	Principal	Executive Director
Account Section (Budget	Head)	
Account do	etails of Activity Coordinator if advance to be t	ransferred on account:
Account No	IFSC Code:	
Note: Bills to be submitted wi	thin 1 month of advance received by activity coordinator	to the account section
	i, Recognised by Govt. of Maharashtra & Affiliated to Shivaji Universi	
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