



Approved By AICTE, New Delhi, Recognised by Govt. of Maharashtra & Affiliated to Shivaji University, Kolhapur.

Form ID: DYP CET: Account/002

Date: _____

ADVANCE REQUIREMENT FORM

Name of Activity Coordinator _____ Department _____

Activity: _____

Sr. No	Advance required for	Amount Required (Rs)	Amount Sanctioned (Rs)
Total			

Forwarded by (Dean/HoD): _____

Registrar

Principal

Executive Director

Remark (Account Section) _____

Account details of Activity Coordinator if advance to be transferred on account:
Account No. _____ IFSC Code: _____

Note: Bills to be submitted within 1 month of advance received by activity coordinator.