

Form ID: DYPCET: Account/002 Date: ADVANCE REQUIREMENT FORM Name of Activity Coordinator______ Department _____ Activity: Sr. No Advance required for Amount Amount Required (Rs) 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: _____

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

D. Y. Patil College of Engineering & Technology, Kasaba Bawada, Kolhapur, Maharashtra 416006 0231 2601431/33

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

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