**Form for claiming reimbursement for travel, boarding, lodging**

**263 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.D.V. | Bhimani |
| 2 (i) | Designation | Chairman & Managing Director |
|  (ii) | Organisation | Industries |
| Navdeep Chemicals Pvt. Ltd. |
| Nominated by Federation of Indian Micro and Small & Medium Enterprises (FISME) |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Navdeep Chemicals Pvt. Ltd. 5th Floor, New Excelsior Building, A.K. Nayak Marg, Fort, Mumbai- 400 001 |
| 4 | Phone Number | 022-22074160 |
| 5 | E-mail Address | shridhar@navdeep.com |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Chemical sector | **(263-268) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**264 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Prof.V.R | Pedireddi |
| 2 (i) | Designation | Professor |
|  (ii) | Organisation | Academic/Professional Institutions |
| IIT |
| Nominated by Indian Institute of Technology, Bhubaneswar |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | IIT, Bhubaneshwar, Indian Institute of Technology Bhubaneswar, Bhubaneswar-751 013 |
| 4 | Phone Number | 0674-2576060 |
| 5 | E-mail Address | vr.pedireddi@iitbbs.ac.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Chemical sector | **(264-268) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**265 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr.USN. |  Murty |
| 2 (i) | Designation | Chief Scientist |
|  (ii) | Organisation | Academic/Professional Institutions |
| Indian Institute of Chemical Technology |
| Nominated by Institute of Chemical Technology, Hyderabad |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | HOD Biology Division, CSIR, Indian Institute of Chemical Technology, Hyderabad-500 607 |
| 4 | Phone Number | 9440802794 |
| 5 | E-mail Address | usnmurty@iict.res.in |

|  |  |  |
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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Chemical sector | **(265-268) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**266 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr.V.N. | Balaji |
| 2 (i) | Designation | Advisor |
|  (ii) | Organisation | Academic/Professional Institutions |
| Discovery Research Advisor, |
| Proposed DGE&T Nomination |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Discovery Research Advisor,579 First Main, Second Stage, Third BlockRMV Extension, Dollars Colony, Bangalore 560 094 |
| 4 | Phone Number | 080-23513607 / 9880704059 |
| 5 | E-mail Address | vnbalaji@gmail.com |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Chemical sector | **(266-268) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**267 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr. | Vadlamani Ravi |
| 2 (i) | Designation | Associate Professor |
|  (ii) | Organisation | Academic/Professional Institutions |
| IDRBT  |
| Proposed DGE&T Nomination |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | IDRBT Castle Hills Road #1, Masab Tank, Hyderabad - 500 057 |
| 4 | Phone Number | 040-23534981 |
| 5 | E-mail Address | vravi@idrbt.ac.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Chemical sector | **(267-268) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**268 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.P. | Pattnaik |
| 2 (i) | Designation | Principal |
|  (ii) | Organisation | Champion ITI |
| Industrial Training Institute |
| Nominated by Government of Odisha |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Industrial Training Institute, HirakudAt/Po-Hirakud, Dist-Sambalpur,Orissa-768016 |
| 4 | Phone Number | 9937499050 |
| 5 | E-mail Address | itihirakud@yahoo.com |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Chemical sector | **(268-268) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**269 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.K.S | Khurana |
| 2 (i) | Designation |   |
|  (ii) | Organisation | Industries |
| Indian Printing, Packaging and Allied Machinery Manufacturers Association  |
| Nominated by Federation of Indian Micro and Small & Medium Enterprises (FISME) |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Indian Printing, Packaging and Allied Machinery Manufacturers Association  |
| 4 | Phone Number | 0120-2400110 / 9814052520 |
| 5 | E-mail Address | admin@ipama.org |

|  |  |  |
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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** |  Logistics, Warehousing, and Packaging sector | **(269-272) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**270 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri. | Sanjay Bhatia |
| 2 (i) | Designation |  MD |
|  (ii) | Organisation | Industries |
| Hindustan Tin Works Ltd |
| Nominated by Indian Institute of Packaging  |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Hindustan Tin Works Ltd and Chairman Indian Institute of Packaging  |
| 4 | Phone Number | 011-49998881 |
| 5 | E-mail Address | sanjaybhatia@hindustantinworks.co.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** |  Logistics, Warehousing, and Packaging sector | **(270-272) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**271 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Prof.N.C. | Saha |
| 2 (i) | Designation | Director & PEO,  |
|  (ii) | Organisation | Academic/Professional Institutions |
|   |
| Nominated by Indian Institute of Packaging (IIP), Mumbai |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Indian Institute of Packaging |
| 4 | Phone Number | 022-28209622 |
| 5 | E-mail Address | director-iip@iip-in.com |

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| --- | --- | --- |
| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** |  Logistics, Warehousing, and Packaging sector | **(271-272) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**272 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr.M.K. | Tiwari |
| 2 (i) | Designation | Professor, d/o  |
|  (ii) | Organisation | Academic/Professional Institutions |
| IIT |
| Nominated by Indian Institute of Technology, Kharagpur |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Industrial Engg, IIT Kharagpur, Indian Institute of Technology Kharagpur, Kharagpur, India - 721302  |
| 4 | Phone Number | 9734444693 |
| 5 | E-mail Address | mktiwari9@iem.iitkgp.ernet.in |

|  |  |  |
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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** |  Logistics, Warehousing, and Packaging sector | **(272-272) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**273 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri. | Jagadish Boloor |
| 2 (i) | Designation |   |
|  (ii) | Organisation | Industries |
| Yojaka Pvt Ltd |
| Nominated by Federation of Indian Micro and Small & Medium Enterprises (FISME) |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Yojaka Pvt Ltd. 2nd Floor, ABCO Trade Centre, NH-17, Mangalore  |
| 4 | Phone Number | 0824-2457106 / 9448497250 |
| 5 | E-mail Address | jagadishyojaka@yahoo.co.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Marine sector | **(273-277) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**274 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri. | Ashit Baran Haldar |
| 2 (i) | Designation | Engineering Officer |
|  (ii) | Organisation | Academic/Professional Institutions |
| Indian Maritime University |
| Nominated by Indian Maritime University, Chennai |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Indian Maritime University |
| 4 | Phone Number | 033-24014794 / 9836840800 |
| 5 | E-mail Address | ashith1926@gmail.com |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Marine sector | **(274-277) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**275 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr. | Krishna Kumar |
| 2 (i) | Designation | Professor |
|  (ii) | Organisation | Academic/Professional Institutions |
| IIT |
| Nominated by Indian Institute of Technology, Kharagpur |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | IIT Kharagpur, Indian Institute of Technology KharagpurKharagpur , India - 721302  |
| 4 | Phone Number | 9800111678 |
| 5 | E-mail Address | srikrishna@iem.iitkgp.ernet.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Marine sector | **(275-277) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**276 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr. | Om Prakash Sha |
| 2 (i) | Designation |  Professor |
|  (ii) | Organisation | Academic/Professional Institutions |
| IIT |
| Nominated by Indian Institute of Technology, Kharagpur |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Professor, IIT Kharagpur, Indian Institute of Technology Kharagpur, Kharagpur India - 721302  |
| 4 | Phone Number | 03222-283788 |
| 5 | E-mail Address | ops@naval.iitkgp.ernet.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Marine sector | **(276-277) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**277 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr.S. | Surendran |
| 2 (i) | Designation |  Associate Professor |
|  (ii) | Organisation | Academic/Professional Institutions |
| IIT |
| Nominated by Indian Institute of Technology, Madras |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | D/o Ocean Engineering, IIT Madras, Indian Institute of Technology Madras, IIT P.O., Chennai 600 036 |
| 4 | Phone Number | 044-22574815 |
| 5 | E-mail Address | sur@iitm.ac.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** | Marine sector | **(277-277) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**278 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Shri.Dr. | Mahesh Chander |
| 2 (i) | Designation | Head |
|  (ii) | Organisation | Academic/Professional Institutions |
| Indian Veterinary Research Institute |
| Nominated by Indian Veterinary Research Institute, UP |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Head,Extension Education, Indian Veterinary Research Institute |
| 4 | Phone Number | 0581-2302391 / 9411087833 |
| 5 | E-mail Address | mahesh@ivri.res.in |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** |  Veterinary sector | **(278-279) / 279** |

(Signature of claimant)

(27.01.2014)

**Form for claiming reimbursement for travel, boarding, lodging**

**279 / 279**

**related to meeting with Mentor Councils**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Name | Smt.Dr. | Hema Tripathi |
| 2 (i) | Designation | Principal Scientist |
|  (ii) | Organisation | Academic/Professional Institutions |
| Indian Veterinary Research Institute |
| Nominated by Indian Veterinary Research Institute, UP |
|  (iii) | Pay/Pay Band(in case of Govt. Official) |  |
| 3 | Address with District/State | Principal Scientist,KVK, Indian Veterinary Research Institute |
| 4 | Phone Number | 0581-2301181 / 9410499821 |
| 5 | E-mail Address | hematripathi1@gmail.com |

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| 6 | Details regarding travel |  |

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| **Departure** | **Arrival** | **Amount claimed/ Fare Paid** | **Mode of Travel** | **Distance in Kms. (for travel by road)** | **Receipt/ Ticket attached****(Yes/No)** |
| **Date/Time** | **From** | **Date/Time** | **To** |
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| 7 | Details regarding boarding/lodging |  |  |

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| **Period of Stay** | **Name of Hotel** | **Amount paid/to be paid** | **Receipt attached(Yes/No)** |
| **From** | **To** | **Boarding** | **Lodging** | **Total** |
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| **Sector** |  Veterinary sector | **(279-279) / 279** |

(Signature of claimant)

(27.01.2014)