**Claim Form**

 Date:

I hereby confirm that the amount of Rs. \_\_\_\_\_\_\_\_\_\_\_\_ as assigned/reassigned through PFMS under Scheme code\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_( date) is related to my project titled \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of the project) of the funding agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Please acknowledge the same accordingly.

1. Fresh Assigned Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Reassigned (previously unutilized amount re-assigned by Funding agency) Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Total amount Rs. (C = A+B) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Above information is true & correct to the best of my knowledge. In case of any discrepancy, I will be solely responsible & I shall revert back the amount.

Note: Kindly enclose sanction order of the above amount.

(Sign. of PI)

Name of PI:

 Seal

 Forwarded by : HoD/CoS