

**Project ID:**  
**Activity ID:**

PROFORMA FOR REIMBURSEMENT RELATED TO ACADEMIC-GRADUATE STUDIES AND RESEARCH DIVISION

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI  
HYDERABAD CAMPUS**

Jawahar Nagar, Kapra Mandal, Hyderabad-500078, Medchal District

**ACADEMIC-GRADUATE STUDIES AND RESEARCH DIVISION**

**Reimbursement**

Date:

To  
The Associate Dean  
Academic-Graduate Studies and Research Division

I would like to request your approval for reimbursement of the following and further necessary actions.

Fellowship Details:			
Student Name:		ID No.:	
Supervisor Name:		Department:	
Head of Account	Details (enclose documents)	Total (Rs)	
Important Note (If any):			

**Payment details:**

Bank Account no.	Name of the Bank	IFS Code	Branch Name

Signature of Supervisor

Signature of Student

**AGSRD Office Purpose:**

Head of Account	Released Amount/Unspent Balance	Current expenses	Balance
Forwarding remarks (If any):			

Approved/Not Approved

Associate Dean, AGSRD