

**Central University of Haryana  
University Consultancy Cell**

**CLAIM FORM**

Name of Principal Consultant.....

Employer Id.....

Department.....

Bank Account no.....Bank Name: .....IFSC Code:.....

Claim Period: From .....to.....

Please consider Principal consultant claim of Rs.....

Co- Consultant Claim of Rs, if any.....

Technical Staff Claim of Rs, if any.....

The details are given as under

S. No.	Project Id, Category and DOA*	Total amount of Project received (Rs.)	GST received (Rs.)	University Share (Rs.)	UCC Share (Rs.)			Consultant Share (Rs.)	Name of the Client's and Department with GST no.	Amount received vide UTR/Reference No. with Date	Name of co-consultant, supporting staff with share	Details of TDS deduct ed, if any	Details of GST deduct ed, if any
					UCC	Finance Staff	UCC Staff						
<b>Total</b>													

DOA\*= Date of approval

I hereby declare that the above information is true and correct to the best of my knowledge and belief. The above mentioned projects with Sr. No..... to..... have been completed and reports have been issued to the client with a copy to Consultancy cell.

Date: .....

Sign of Technical Staff

Sign of Co-Consultant

Consultant Signature

Detail of Co-Consultant, if Any	Detail of Technical staff if, Any
<p><b>Name of Co-Consultant</b>.....</p> <p><b>Employer Id</b>.....</p> <p><b>Department</b>.....</p> <p><b>Bank Account no</b>.....</p> <p><b>Bank Name:</b> .....</p> <p><b>IFSC Code:</b>.....</p> <p style="text-align: right;"><b>Sign of Co-Consultant</b></p>	<p><b>Name of Technical Staff</b>.....</p> <p><b>Employer Id</b>.....</p> <p><b>Department</b>.....</p> <p><b>Bank Account no</b>.....</p> <p><b>Bank Name:</b> .....</p> <p><b>IFSC Code:</b>.....</p> <p style="text-align: right;"><b>Sign of Technical Staff</b></p>

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