

University of Mumbai-Department of Atomic Energy
CENTRE FOR EXCELLENCE IN BASIC SCIENCES
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TRAVELLING ALLOWANCE FORM FOR INTEGRATED M. Sc./ Ph.D. PROGRAMME
 (As per the OM No.11/21(9)/2019/Common/R&D-II/2956 dt. 27.02.2020, all payment shall be made through PFMS Portal)

Academic Year _____

Name: _____

Affiliation: _____

Semester: Autumn / Spring

Subject Course Code and Subject name: _____

Lecture is delivered at CEBS: Yes / No

PFMS Unique Code / Bank Account No linked to PFMS: _____

**In case the above information is not available, kindly submit the completed PFMS Form*

Visiting Lectures for M.Sc. & Ph. D.

Credit Course.

Other: _____

For the month of _____

Dates		Dates	
1		8	
2		9	
3		10	
4		11	
5		12	
6		13	
7		14	
Total Number of days		Total Amount:	
Total Amount Claim (₹ in words)			

Date:

Signature of the guest faculty

Note: 1. *Submit the completed form in the Academic Office or send scanned copy of the form to academic.coordinator@cbs.ac.in*

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