




**Fund Request Form**

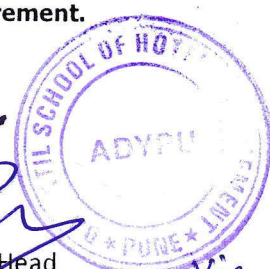
Employee Name: Dr. Sandip Tapkir Date: March/2021  
Designation: HOD. Department: School of Hotel management  
Purpose: Membership for HRAHI Date of Requirement:  
A/C Details/Cheque in the name of:  
Special Instructions: Prerequisite for MoU with Hotels & Restaurant Association

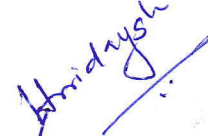
S.No.	Description	Approx Cost
01.	Hotel & Restaurant Association (Western India), Membership. Cheque in the name of.	Rs. <u>16992</u>
Total		

Post event bills to be submitted to A/C dept for settlement.  
You can add up more columns as per your requirement.

  
Signature of Applicant

  
Department Head

  
Vice  
Chancellor  
sir.

  
Director