

Supporting Documents for 6.3.2



Submitted to NAAC

by



Global Institute of Management (GIM)

Bhubaneswar



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6.3.2

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Campus

Hanspal, Naharakanta, Bhubaneswar - 752 101 (Odisha)

Phone : 0674 - 2973583, 2973593

E-mail : gimctc@gmail.com, Website : www.gim.edu.in



JAS-ANZ



Acc.No. : M3111204IN
www.jas-anz.org/register



DECLARATION

I do hereby declare that the following faculties of Global Institute Of Management, Bhubaneswar have been disbursed with an amount of 48750 in the academic year 2017-18 for Attending/ Participating in Conference/workshop.

LIST OF FACULTY MEMBERS WITH SANCTIONED AMOUNT

SL.NO.	NAME	TOTAL AMOUNT
1	Dr. Pritidhara Hota	5000
2	Dr. Bijaya Kumar Nanda	4100
3	Dr. Sanjib Pattnaik	4900
4	Prof. Manoj Kumar Behera	2650
5	Prof. Rajaram Rout	3050
6	Prof. Rajaram Rout	2650
7	Prof. Gouri Sankar Moharana	3100
8	Dr. Subrat Parida	3100
9	Prof. Gouri Sankar Moharana	2750
10	Dr. Pritidhara Hota	3100
11	Dr. Subrat Parida	3200
12	Prof. Rajaram Rout	2150
13	Prof. Bipul Kumar	2700
14	Dr. Subhranshu Pattnaik	3100
15	Dr. Munmun Mohanty	3200
		48750

Principal

Global Institute of Management

Campus

Hanspal, Naharakanta, Bhubaneswar - 752 101 (Odisha)

Phone : 0674 - 2973583, 2973593

E-mail : gimctc@gmail.com, Website : www.gim.edu.in



JAS-ANZ



Acc.No. : - M3111204IN
www.jas-anz.org/register



DECLARATION

I do hereby declare that the following faculties of Global Institute Of Management, Bhubaneswar have been disbursed with an amount of 57950 in the academic year 2021-22 for Attending/ Participating in Conference/workshop.

LIST OF FACULTY MEMBERS WITH SANCTIONED AMOUNT

Sl.No.	Name	Total Amount
1	Dr. Pritidhara Hota	6000
2	Dr. Subhranshu Pattnaik	6000
3	Dr. Ashis Mohanty	5400
4	Prof. Manoj Kumar Behera	2550
5	Prof. Gouri Sankar Moharana	3100
6	Prof. Manoj Kumar Behera	3000
7	Prof. Gouri Sankar Moharana	2700
8	Dr. Sanjib Pattnaik	3100
9	Prof. Bipul Kumar	3000
10	Prof. Rajaram Rout	2700
11	Dr. Sanjib Pattnaik	3100
12	Dr. Himadri Ranjan Mishra	2650
13	Dr. Ashis Mohanty	3200
14	Prof. Manoj Kumar Behera	2600
15	Dr. Munmun Mohanty	3200
16	Dr. Pritidhara Hota	3150
17	Dr. Ashis Mohanty	2500

57950


Principal

Global Institute of Management

Campus

Hanspal, Naharakanta, Bhubaneswar - 752 101 (Odisha)

Phone : 0674 - 2973583, 2973593

E-mail : gimctc@gmail.com, Website : www.gim.edu.in



JAS-ANZ



Acc.No. : M3111204IN
www.jas-anz.org/register



DECLARATION

GLOBAL
Institute of Management

TWO YEARS' FULL TIME MBA PROGRAMME

Approved by AICTE, Govt. of India & Affiliated to Biju Patnaik University of Technology, Odisha

I do hereby declare that the following faculties of Global Institute Of Management, Bhubaneswar have been disbursed with an amount of 18950 in the academic year 2020-21 for Attending/ Participating in Conference/workshop.

LIST OF FACULTY MEMBERS WITH SANCTIONED AMOUNT

SL.NO	NAME	TOTAL AMOUNT
1	Dr. Sanjib Pattnaik	5200
2	Prof. Bipul Kumar	3100
3	Dr. Himadri Ranjan Mishra	2500
4	Dr. Pritidhara Hota	2150
5	Prof. Manoj Kumar Behera	2000
6	Dr. Himadri Ranjan Mishra	2500
7	Prof. Manoj Kumar Behera	1500
		18950


Principal

Global Institute of Management

Campus

Hanspal, Naharakanta, Bhubaneswar - 752 101 (Odisha)

Phone : 0674 - 2973583, 2973593

E-mail : gimctc@gmail.com, Website : www.gim.edu.in



JAS-ANZ



Acc.No. : - M3111204IN
www.jas-anz.org/register



DECLARATION

I do hereby declare that the following faculties of Global Institute Of Management, Bhubaneswar have been disbursed with an amount of 20930 in the academic year 2019-20 for Attending/ Participating in Conference/workshop.

LIST OF FACULTY MEMBERS WITH SANCTIONED AMOUNT

SL.NO	NAME	TOTAL AMOUNT
1	Dr. Subrat Parida	4630
2	Dr. Bijaya Kumar Nanda	2000
3	Dr. Ashis Mohanty	2500
4	Prof. Bipul Kumar	2700
5	Prof. Rajaram Rout	2500
6	Dr. Ashis Mohanty	2600
7	Prof. Manoj Kumar Behera	2500
8	Prof. Manoj Kumar Behera	1500
		20930

Principal

Global Institute of Management

Campus

Hanspal, Naharakanta, Bhubaneswar - 752 101 (Odisha)

Phone : 0674 - 2973583, 2973593

E-mail : gimctc@gmail.com, Website : www.gim.edu.in



JAS-ANZ



Acc.No. : M3111204IN
www.jas-anz.org/register



DECLARATION

I do hereby declare that the following faculties of Global Institute Of Management, Bhubaneswar have been disbursed with an amount of 39650 in the academic year 2018-19 for Attending/ Participating in Conference/workshop.

LIST OF FACULTY MEMBERS WITH SANCTIONED AMOUNT

SL.NO	NAME	TOTAL AMOUNT
1	Dr.Subhranshu Pattnaik	4600
2	Dr. Himadri Ranjan Mishra	4200
3	Dr. Subrat Parida	3100
4	Prof. Rajaram Rout	3100
5	Dr. Bijaya Kumar Nanda	3150
6	Dr. Subhranshu Pattnaik	2750
7	Prof. Rajaram Rout	3000
8	Prof. Gouri Sankar Moharana	2550
9	Dr. Bijaya Kumar Nanda	2650
10	Prof. Bipul Kumar	3250
11	Prof. Gouri Sankar Moharana	2200
12	Prof. Rajaram Rout	2600
13	Prof. Gouri Sankar Moharana	2500
		39650


Principal

Global Institute of Management

Campus

Hanspal, Naharakanta, Bhubaneswar - 752 101 (Odisha)

Phone : 0674 - 2973583, 2973593

E-mail : gimctc@gmail.com, Website : www.gim.edu.in



JAS-ANZ



Acc.No. : - M3111204IN
www.jas-anz.org/register

Proceedings of Staff Council Meeting held on 18/08/2017

The meeting was held with following agenda: -

1. Time-table finalization for odd semester
2. Finalization of date of lesson plan submission
3. Finalization of guidelines for guest faculties
4. Reimbursement towards conferences/seminars/workshops attended by faculty members
5. Introduction to GIM Scholarship programme
6. Any other matter deemed fit

The following discussions were made: -

1. The time table for odd semester was finalized. It was decided that two hour per week will be devoted to both internal and external seminar jointly for 1st and 2nd year students. Also, two hours per week will be devoted in the timetable, preferably on Saturday for 2nd year students as personality development classes. It was decided that regular GD and extempore sessions will be held in these two hours.
2. Dr. Munmun Mohanty was requested to supply a model lesson plan for development of a standard lesson plan for the institution. It was decided that the lesson plan will be reviewed and the format will be finalized in the next academic meeting.
3. It was discussed that the guest faculties will be requested to reach on class time, update their course progress register, provide lesson plan in proper format, and internal questions before time. They should complete their course in maximum 30 classes and offer reading materials to students.
4. It was decided in the forum that a sum of 5,000/- (Five Thousand Rupees) will be reimbursed to faculty members for attending seminars, conferences or workshops conducted at different academic institutions. The faculty members should furnish all details of participation in the reimbursement form which they can avail from office.
5. It was submitted in the forum that Global Institute of Management, will be introducing the practice of awarding financial assistance and support to meritorious and financially unprivileged students based on the criteria of academic performance, family income, any other academic or non-academic achievement, community/extracurricular involvement, participation in specific activities, awards and recognition, work history or personal/family attributes. A Scholarship Committee appointed will be entrusted with the effective implementation of the programme and evaluation of candidates for scholarships under the policy guidelines. It was put forth in the forum that students with 60th percentile in graduation can apply for the scholarship after the onset of every academic session. It was mentioned that every year twenty students will be getting scholarship and the amount of



Kamla
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BHUBANESWAR

scholarship will be Rupees Fifteen Thousand (Ten thousand in 1st year and Five thousand in 2nd year).

The meeting was concluded with a vote of thanks to the Chair.

The following members were present in the meeting: -

1. Prof.(Dr.)Manoranjan Satapathy(Principal) *leen*
2. Prof.(Dr.) N. K. Mishra *(N.K. Mishra)*
3. Prof.(Dr.)Munmun Mohanty *mumun*
4. Prof. Bipul Kumar *Bipul*
5. Prof. G S Moharana *G.S. Moharana*
6. Prof. Rajaram Rout *R.R. Rout*
7. Prof. Manoj Kumar Behera *M.K. Beh*
8. Dr. Himadri Ranjan Mishra *Himadri*
9. Dr.Subrat Parida *Parida*
10. Dr.Ashis Mohanty *Ashis*
11. Mr. K P Mohanty *K.P. Mohanty*
12. Mr.Bijaya Kumar Mohanty *B.K. Mohanty*



(Signature)
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
Bhubaneswar

Proceedings of Staff Council Meeting held on 20/08/2020

The meeting was held with following agenda: -

1. Student activities
2. Infrastructure development
3. Revised Reimbursement towards conferences/seminars/workshops attended by faculty members
4. Any other matter deemed fit

The following discussions were made: -

1. It was decided in the forum that for making the classroom lively and vibrant, apart from classroom teaching, activities like PD/etiquettes /GA/grooming classes, seminar classes and club activities will be organized.
2. Prof.G.S.Moharana was entrusted with the responsibility of infrastructure management regarding Xerox machine, Printer, Library Lighting, Classroom AC, Computer etc.
3. It was decided in the forum that a slight revision has been made to the reimbursement amount for faculty members for attending seminars, conferences or workshops conducted at different academic institutions. Earlier, reimbursement amount (with effect from AY 2017) was 5,000 rupees but it is worthwhile to mention that the revised amount from this current academic year will be 6,000(Six Thousand) Rupees.

The meeting was concluded with a vote of thanks to the Chair.

The following members were present in the meeting: -

1. Prof.(Dr.)S.K.Moharana(Principal) *SKM*
2. Prof.(Dr.)Munmun Mohanty *Munmun*
3. Prof.Pritidhara Hota *P. Hota*
4. Prof. G. S. Moharana *G.S. Moharana*
4. Prof. Rajaram Rout *R.R. Rout*
5. Dr. Subhranshu Pattnaik *Subhranshu*
6. Dr. Himadri Ranjan Mishra *Himadri*
7. Dr. Subrat Parida *Subrat*
8. Dr. Ashis Mohanty *Ashis*
9. Mr. K.P. Mohanty *K.P. Mohanty*
10. Mr. Bijaya Kumar Mohanty *B.K. Mohanty*



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GLOBAL
Institute of Management

TWO YEARS' FULL TIME MBA PROGRAMME

Approved by AICTE, Govt. of India & Affiliated to Biju Patnaik University of Technology, Odisha

Ref No: GIM/SCM/211/17

Date: 19/08/2017

To
The Chairman,
Governing Body,
GIM,
Cuttack

Subject: Approval seeking for Financial Allocation towards GIM Scholarship and Reimbursement of participation fees to faculty members attending external conferences/workshops

Sir,


I would like to delineate that, in the Staff Council Meeting held on 18.8.2017 at Global Institute of Management, it was decided that every year twenty students will be getting institutional scholarship. The amount of scholarship will be Fifteen Thousand Rupees (Ten thousand in 1st year and Five thousand in 2nd year). Therefore, the total expenditure under the GIM Scholarship programme will amount to a sum of Three Lakh Rupees.

In addition to this, it was also submitted in the forum that that a sum of Five Thousand Rupees will be reimbursed per faculty member per academic year for attending seminars, conferences or workshops conducted at different academic institutions.

Therefore, I would feel privileged to get your necessary approval towards the aforementioned resolutions made in the meeting for expending towards institutional scholarship and faculty-oriented conference/workshop fees reimbursement.

Thanking you

19.08.2017


Principal
GIM, Bhubaneswar


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Campus

Hanspal, Naharakanta, Bhubaneswar 752 101 (Odisha)
Phone : 0674 - 2973583, 2973593





GLOBAL INSTITUTE OF MANAGEMENT BHUBANESWAR

(Registered Under Society Act XXI of 1860, No. 19985/213 of 1995-1996)

Ref No: GIM/GB/198/17

Date: 20/08/2017

To
The Principal
Global Institute of Management
Bhubaneswar

Subject- Approval towards materializing financial expenditure decisions for institutional scholarship and faculty-oriented conference/workshop fees reimbursement.

Sir

With reference to your office letter dated 19.08.2017, regarding approval seeking for Financial Allocation towards GIM Scholarship and Reimbursement of participation fees to faculty members attending external conferences/workshops, I hereby would like to inform that the Governing body of Global Institute of Management has approved both the financial items discussed in the Staff Council Meeting held on 18.8.2017.

Handwritten signature

PRINCIPAL

GLOBAL INSTITUTE OF MANAGEMENT



For GLOBAL INSTITUTE OF MANAGEMENT

Handwritten signature
DIRECTOR-CUM-SECRETARY
Director

REGISTERED OFFICE:

At-Mahatab Road,
Po- Buxi Bazar,

CAMPUS:

At-Hanspal, Po- Naharakanta,
Bhubaneswar-752101, Odisha
Phone: 0674-2073583 2073503



GLOBAL

institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 18/05/22

Dr.....A/c.	Rs.	P.
A/c.	3100-00
.....A/c.	/	/
TOTAL	3100-00	

Paid to Dr. Sanjib Pattnaik
 on account of Attending Conference on Information Technology and Digital India: An initiative transformation & empowerment.
 by Cash / Cheque / D.D. No. 3100 / -
 (Rupees Three Thousand one Hundred only)

Sanjib Pattnaik
Signature of the Payee



[Signature]
Accountant

[Signature]
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

Passed for Payment

[Signature]
Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Sanjay Pattnaik Department: MBA

Name of Conference/Workshop: Information technology & digital India : An initiative towards transformation & empowerment

location: P.T. College, Bhubaneswar Date of Conference/Workshop: 19th-20th April 2022

Expenses Submitted for Reimbursement

Registration Fees..... Rs 2500/-

Travel Expenses..... Rs 600/-

Boarding Expenses..... -

Other (Please explain)

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... Amount:.....

Total expenses submitted for reimbursement: 3,100/-

Sanjay Pattnaik
(Employee's Signature)

Date: 29/04/2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Nembaraj
Dean Signature

Yashvir
Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: Rs 3,100/-

Date: 13/05/22

Amount Un-reimbursed: X



Yashvir
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

Ued Lal
Signature of Accountant



GLOBAL
institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 16/10/22

	Rs.	P.
Dr.....A/c.	3100	= 00
.....A/c.		1
.....A/c.		
TOTAL	3100	= 00

Paid to..... Dr. Sanjib Pattnaik
 on account of..... Attending Workshop on Advanced Computing & Data Sciences on 21-22 September, 2021 at KMS, BBSR
 by Cash / Cheque / D.D. No. 3100 / -
 (Rupees..... Three Thousand One Hundred only)

Sanjib Pattnaik
Signature of the Payee



Accountant
Accountant

Passed for Payment

Director
Director

Principal
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUP, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Sanjib Pattnaik Department: MBA
Name of Conference/Workshop: Advanced computing and Data Sciences
Location: KMS, Bhubaneswar Date of Conference/Workshop: 21st - 22nd September 2021

Expenses Submitted for Reimbursement

Registration Fees: Rs 2500/-
Travel Expenses: 600/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... Amount:.....

Total expenses submitted for reimbursement: Rs. 3100/-

Sanjib Pattnaik
(Employee's Signature)

Date: 30/09/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No Amount Reimbursed: Rs. 3100/-

Date: 16/10/22 Amount Un-reimbursed: Rs. 0



[Signature]
PRINCIPAL
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BHUBANESWAR

[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 30/9/22

	Rs.	P.
Dr.....A/c.	2700	= 00
.....A/c.		
.....A/c.		
TOTAL	2700	= 00

Paid to Prof. Gouretti Sankar Moharana
on account of Attending Conference on Enhancing Customer Engagement,
Connecting AI with humans on 11-12 Sep 2022 at REC, BBSR
by Cash / Cheque / D.D. No. 2,700/-
(Rupees Two Thousand Seven Hundred only)

Kanishk
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

[Signature]
Accountant



Passed for Payment

[Signature]
Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Gauri Sankar Moharana Department: MBA
Name of Conference/Workshop: Enhancing customer engagement / Connecting AI with humans
Location: RDC, BBSR Date of Conference/Workshop: 11 & 12 Sep. 2022

Expenses Submitted for Reimbursement

Registration Fees..... 2000/-
Travel Expenses..... 700/-
Boarding Expenses..... 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... 120 Amount:..... 0

Total expenses submitted for reimbursement:..... 2700/-

[Signature]
(Employee's Signature)

Date:..... 16/9/2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed:..... Rs. 2700/-

Date:..... 30/09/22

Amount Un-reimbursed:..... 0

[Signature]
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
Bhubaneswar



[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 10/08/22

Dr.....A/c.	Rs.	P.
.....A/c.	5400 = 00	
.....A/c.		
TOTAL	5400 = 00	

Paid to Dr. Ashis Mohanty
 on account of Attending Conference on Business Intelligence and Analysis on 14-16 July, 2022 at REC, BBSR.
 by Cash / Cheque / D.D. No. 5400/-
 (Rupees Five Thousand Four Hundred only)

Signature of the Payee

Accountant

Passed for Payment

Director

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BHUBANESWAR





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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Ashis Mohanty Department: MBA
Name of Conference/Workshop: Business Intelligence & Analysis
Location: REC Bhubaneswar Date of Conference/Workshop: 14-16 July 2022

Expenses Submitted for Reimbursement

Registration Fees: 5000.00 /-
Travel Expenses: 400.00 /-
Boarding Expenses: —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: —

Total expenses submitted for reimbursement: 5400.00 /-

Ashis Mohanty
(Employee's Signature)

Date: 22.07.2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Ambarish
Dean Signature

Kishor
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 5400 /-

Date: 10/08/22

Amount Un-reimbursed: —

Kishor
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Keer Gohy
Signature of Accountant

DEBIT VOUCHER



GLOBAL
institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 03/08/22

	Rs.	P.
Dr.....A/c.	6000	00
.....A/c.		
.....A/c.		
TOTAL	6000	00

Paid to Dr. Subhanshu Pattraik
 on account of Attending conference on Supply Chain Management
in a Fuzzed Environment on 9-10 July, 2022 at BIITM, BBSR
 by Cash / Cheque / D.D. No. 6,000/-
 (Rupees Six Thousand only)

Subhanshu Pattraik
 Signature of the Payee

[Signature]
 Accountant

Passed for Payment
[Signature]
 Director

[Signature]
 PRINCIPAL
 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR





GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Subhanshu Pattanaik Department: MBA
 Name of Conference/Workshop: Supply Chain Management in a Fuzzy environment
 Location: BITM, Bhubaneswar Date of Conference/Workshop: 9-10 July 2022

Expenses Submitted for Reimbursement

Registration Fees: 5,500/-
 Travel Expenses: 500/-
 Boarding Expenses: -
 Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
 If yes, enter source and amount below.

Source: No - Amount: -

Total expenses submitted for reimbursement: 6,000/-

Subhanshu Pattanaik
 (Employee's Signature)

Date: 18.07.2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
 Dean Signature

[Signature]
 Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: No: 6000/-

Date: 03/08/22

Amount Un-reimbursed: *

[Signature]
 PRINCIPAL
 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR



[Signature]
 Signature of Accountant



GLOBAL

institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

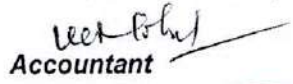
Date 30/06/22

Dr. A/c.	Rs.	P.
..... A/c.	3200 = 00	
..... A/c.		
TOTAL	3200 = 00	

Paid to Dr. Ashes Mohanty
 on account of Attending Conference on Fostering Global Vicinity Today for a Resilient future on 03-04 May, 2022 at B.IITM, BBSR
 by Cash / Cheque / D.D. No. 3,200/-
 (Rupees Three Thousand Two Hundred only)



Signature of the Payee


Accountant

Passed for Payment


Director


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BHUBANESWAR





GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Aghis Mohanty Department: MBA
Name of Conference/Workshop: Fostering Global Vicinity Today For A Resilient Future
Location: BIITM Bhubaneswar Date of Conference/Workshop: 03-04 May 2022

Expenses Submitted for Reimbursement

Registration Fees..... 2500.00/-
Travel Expenses..... 700.00/-
Boarding Expenses..... —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... No Amount:.....

Total expenses submitted for reimbursement:..... 3200.00/-.....

Aghis Mohanty
(Employee's Signature)

Date: 12 May 2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Pradip
Dean Signature

Aghis Mohanty
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed:..... Rs. 3200/-.....

Date: 30/06/22

Amount Un-reimbursed:..... *.....

Aghis Mohanty
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Keed...
Signature of Accountant

DEBIT VOUCHER



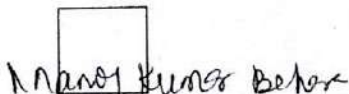
GLOBAL
institute of Management
HANSPAL, BHUBANESWAR


Voucher No. _____

Date 01/06/22

	Rs.	P.
Dr.....A/c.	2600	00
.....A/c.		
.....A/c.		
TOTAL	2600	00

Paid to Prof. Manoj Kumar Behera
 on account of Attending Conference on Promoting Quality in Health Care Services on 15-16 April, 2022 at KMS, BBSR
 by Cheque / D.D. No. 2600/-
 (Rupees Two Thousand Six Hundred only)


 Signature of the Payee


 Accountant

Passed for Payment


 Director


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 BHUBANESWAR





GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Manoj Kumar Bista Department: MBA

Name of Conference/Workshop: Promoting Quality in Health care Services

Location: K.I.S., Bhubaneswar Date of Conference/Workshop: 15th - 16th April, 2022

Expenses Submitted for Reimbursement

Registration Fees: 2000/-

Travel Expenses: 600/-

Boarding Expenses: 0

Other (Please explain): 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO

Amount: 0

Total expenses submitted for reimbursement: 2600/-

Manoj Bista
(Employee's Signature)

Date: 21/04/2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2600/-

Date: 01/05/22

Amount Un-reimbursed: 0

[Signature]
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BHUBANESWAR



[Signature]
Signature of Accountant



GLOBAL
institute of Management
HANSPAL, BHUBANESWAR


DEBIT VOUCHER

Voucher No. _____

Date 21/04/22

	Rs.	P.
Dr. A/c.	3100	00
..... A/c.	/	/
..... A/c.		
TOTAL	3100	00

Paid to..... Dr. Munmun Mohanty
 on account of..... Attending Conference on "Finance in the Post Covid: Metamorphosis"
on 16-17 February, 2022 at BIITM, BBSR
 by Cash / Cheque / D.D. No. 3100/-
 (Rupees..... Three Thousand One hundred only.)


Signature of the Payee

Accountant

Passed for Payment


Director


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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Munmun Mohanty Department: MBA
Name of Conference/Workshop: Digitalization - The way ahead
Location: R.F.C., Bhubaneswar Date of Conference/Workshop: 5-6 Nov. 2021

Expenses Submitted for Reimbursement

Registration Fees: Rs 2000/-
Travel Expenses: 400/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NA Amount: Rs 2400/-

Total expenses submitted for reimbursement: Rs 2400/-

Munmun Mohanty
(Employee's Signature)

Date: 14.11.2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs 2400/-

Date: 18/11/21 Amount Un-reimbursed: 0

[Signature]
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BHUBANESWAR



[Signature]
Signature of Accountant



GLOBAL
Institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 13/4/22

Dr.....A/c.	Rs.	P.
.....A/c.	3100	= 00
.....A/c.		
TOTAL	3100	= 00

Paid to Prof. Gouri Sankar Moharana
 on account of Attending Workshop on Advances in Computing & Data Sciences on 19-20, March, 2022 at P.S. College, B.P.S.R.
 by Cash / Cheque / D.D. No. 9100 / -
 (Rupees Three thousand one hundred only)

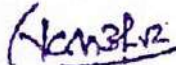


Signature of the Payee


Accountant

Passed for Payment


Director



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BHUBANESWAR





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(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Gouri Sankar Moharana, Department: MBA
 Name of Conference/Workshop: Advances in Computing & Data Sciences
 Location: P.S College, BBSR, Date of Conference/Workshop: 19/3/2022
20/3/2022

Expenses Submitted for Reimbursement

Registration Fees: 2800/-
 Travel Expenses: 600/-
 Boarding Expenses: 0
 Other (Please explain): 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
 If yes, enter source and amount below. Amount: 0

Source: no
 Total expenses submitted for reimbursement: 3100/-

[Signature]
 (Employee's Signature)

Date: 27/3/2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
 Dean Signature

[Signature]
 Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3100/-

Date: 13/04/22

Amount Un-reimbursed: 0

[Signature]
 PRINCIPAL
 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR



[Signature]
 Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 11/02/22

	Rs.	P.
Dr.....A/c.	2500	00
.....A/c.		
.....A/c.		
TOTAL	2500	00

Paid to Dr. Ashis Mohanty
on account of Attending Conference on Innovation & Advanced Multidisciplinary Research on 17 January, 2022 at PJ College, BBSR
by Cash / Cheque / D.D. No. 2,500/-
(Rupees Two Thousand Five Hundred only)

[Signature]

[Signature]

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HANSPAL, BHUBANESWAR



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Ashis Mohanty Department: MBA
Name of Conference/Workshop: Innovation & Advanced Multidisciplinary Research
Location: PJ College, Bhubaneswar Date of Conference/Workshop: 17. January 2022

Expenses Submitted for Reimbursement

Registration Fees..... 2000.00 /-
Travel Expenses..... 500.00 /-
Boarding Expenses..... -
Other (Please explain)..... -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... NO Amount:.....

Total expenses submitted for reimbursement:..... 2500.00 /-

Ashis Mohanty
(Employee's Signature)

Date: 25.01.2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Principal
Dean Signature

Principal
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed:..... Rs. 2500/-

Date: 11.02.22

Amount Un-reimbursed:..... 0

Principal
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Accountant
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 88/12/21

	Rs.	P.
Dr.....A/c.	2500	00
.....A/c.		
.....A/c.		
TOTAL	2500	00

Paid to Prof. Manoj Kumar Behera
 on account of Attending Conference on Entrepreneurship in the New Era
on 3 December, 2021 at PJ College, BBSR

by Cash / Cheque / D.D. No. 2500/-
 (Rupees Two Thousand Five Hundred only)

Manoj Kumar Behera
 Signature of the Payee

Manoj Kumar Behera
 PRINCIPAL
 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR

[Signature]
 Accountant



Passed for Payment

[Signature]
 Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Manoj Kumar Behera Department: MBA
Name of Conference/Workshop: Entrepreneurship in the new era
Location: PJ College, Bhubaneswar Date of Conference/Workshop: 03rd December 2021

Expenses Submitted for Reimbursement

Registration Fees..... 2500/-
Travel Expenses..... 500/-
Boarding Expenses..... 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: N.O. Amount: 0

Total expenses submitted for reimbursement: 2500/-

Manoj Kumar Behera
(Employee's Signature)

Date: 10/12/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Manoj Kumar Behera
Dean Signature

Manoj Kumar Behera
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs. 2500/-

Date: 28/12/21 Amount Un-reimbursed: X

Manoj Kumar Behera
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Manoj Kumar Behera
Signature of Accountant

DEBIT VOUCHER



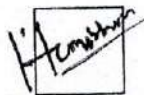
GLOBAL
Institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 27/12/21

	Rs.	P.
Dr.....A/c.	2650	00
.....A/c.		
.....A/c.		
TOTAL	2650	00

Paid to Dr. Himadri Ranjan Mishra
on account of Attending Conference on Building Resilience: Management Practices in New Normal on 29-30 September, 2021, at PS College, B.B.S.R.
by Cash / Cheque / D.D. No. 2,650/-
(Rupees Two Thousand Six Hundred Fifty only)


Signature of the Payee


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GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR


Accountant

Passed for Payment

Director





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(AFFILIATED TO BPUP, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Himadri Kishan Mishra Department: MBIT
Name of Conference/Workshop: Building effective management practices in new
location: PJ College, Bhubaneswar Date of Conference/Workshop: 29-30/09/2021

Expenses Submitted for Reimbursement

Registration Fees: 2000 /-
Travel Expenses: 650 /-
Boarding Expenses: -
Other (Please explain): -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: -

Total expenses submitted for reimbursement: 2650 /-

Himadri
(Employee's Signature)

Date: 10/12/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2650/-

Date: 27/12/21

Amount Un-reimbursed: Rs. -

[Signature]
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[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR


DEBIT VOUCHER

Voucher No. _____

Date 18/10/21

Dr.....A/c.	Rs.	P.
.....A/c.	3200	00
.....A/c.		
TOTAL	3200	00

Paid to Dr. Pretiathara Holā
on account of Attending Conference on Empathetic and Techno-Pedagogical Approaches for the New Normal on 23-24 Sep, 2021 at KMS, BBSR
by Cash / Cheque / D.D. No. 3, 200 /-
(Rupees Three Thousand Two Hundred only)


Signature of the Payee Kansha
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR


Accountant



Passed for Payment


Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Preetidhara Hota Department: MBA
Name of Conference/Workshop: Empathetic and Techno-Pedagogical approaches for the New Normal
Location: KMS, Bhubaneswar Date of Conference/Workshop: 23-24 September, 2021

Expenses Submitted for Reimbursement

Registration Fees: 2500 /-
Travel Expenses: 400 /-
Boarding Expenses: -
Other (Please explain): -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: - NO -

Amount: -

Total expenses submitted for reimbursement: 3200 /-

Preetidhara Hota
(Employee's Signature)

Date: 02.10.2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3200 /-

Date: 18/10/21

Amount Un-reimbursed: -

[Signature]
PRINCIPAL
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[Signature]
Signature of Accountant



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
DEBIT VOUCHER

Voucher No. _____

Date 26/09/21

	Rs.	P.
Dr.....A/c.	2550	00
.....A/c.	/	/
.....A/c.		
TOTAL	2550	00

Paid to..... Prof. Manoj Kumar Behera
 on account of..... Attending Conference on Atma Nirbhar Bharat and Post Covid Challenge in business and economy on 1-2 Sept. 2021 at REC, BSR
 by Cash / Cheque / D.D. No. 2,550/-
 (Rupees..... Two Thousand Five Hundred Fifty only.....)


Manoj Kumar Behera
 Signature of the Payee

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 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR

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 Accountant



Passed for Payment

Director
 Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Manoj Kumar Bhera Department: HR

Name of Conference/Workshop: Atma Nirbhar Bharat & post covid challenges in business economy.

Location: REC, Bhubaneswar Date of Conference/Workshop: 19th - 21st September 2021

Expenses Submitted for Reimbursement

Registration Fees..... 2000/-

Travel Expenses..... 550/-

Boarding Expenses..... 0

Other (Please explain) 2000/-

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: N/A

Amount: 2550/- 0

Total expenses submitted for reimbursement: 2550/-

Manoj Kumar Bhera
(Employee's Signature)

Date: 10/09/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Manoj Kumar Bhera
Dean Signature

Manoj Kumar Bhera
Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2550/-

Date: 26/09/21

Amount Un-reimbursed: X

Manoj Kumar Bhera
Signature of Accountant

Manoj Kumar Bhera
PRINCIPAL
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BHUBANESWAR





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DEBIT VOUCHER

Voucher No. _____

Date 25/8/21

Dr.....A/c.	Rs.	P.
.....A/c.	2200	w
.....A/c.	/	
TOTAL	2200	v

Paid to Prof. Gourji Sankar Moharana
on account of Attending Conference on Research Direction in Supply Chain Management : Post COVID on 27-28 July, 2021 at REC, Bhub
by Cash / Cheque / D.D. No. 2,200/-
(Rupees Two Thousand Two Hundred only)

Signature of the Payee

Accountant

Passed for Payment

Director

Namshir

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BHUBANESWAR





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(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Gouri Sankar Moharana Department: MBA
Name of Conference/Workshop: Research direction on Supplychain management
postcov 20
location: RBC, BBR Date of Conference/Workshop: 27 & 28 July 2021

Expenses Submitted for Reimbursement

Registration Fees..... 1500/-
Travel Expenses..... 700/-
Boarding Expenses..... 0
Other (Please explain) ?

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: 0

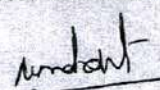
Total expenses submitted for reimbursement: 2200/-


(Employee's Signature)

Date: 4/8/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No


Dean Signature


Principal Signature

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Reimbursement Approved? Yes No

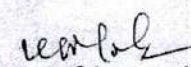
Amount Reimbursed: 42200/-

Date: 25/08/21

Amount Un-reimbursed: x


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Signature of Accountant

DEBIT VOUCHER



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Voucher No. _____

Date 21/09/21

	Rs.	P.
Dr.....A/c.	6000/-	
.....A/c.		
.....A/c.		
TOTAL	6000/-	

Paid to Dr. Pritidhara Hota
 on account of Attending workshop on Advanced Research Analytics
on 25-28 August, 2021 at KMS, BBR
 by Cash / Cheque / D.D. No. 6,000/-
 (Rupees Six Thousand only)

[Signature]

Signature of the Payee

[Signature]

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GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

[Signature]
Accountant



Passed for Payment

[Signature]
Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Preetidhara Hota Department: MBA

Name of Conference/Workshop: Advanced Research Analytics

location: KMS, Bhubaneswar Date of Conference/Workshop: 25-28 Aug 2021

Expenses Submitted for Reimbursement

Registration Fees..... 5,500/-

Travel Expenses..... 500/-

Boarding Expenses..... -

Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No

Amount: -

Total expenses submitted for reimbursement: 6,000/-

Preetidhara Hota
(Employee's Signature)

Date: 4.09.2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 6000/-

Date: 21/09/21

Amount Un-reimbursed: 7

[Signature]
PRINCIPAL
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Bhubaneswar



[Signature]
Signature of Accountant

DEBIT VOUCHER



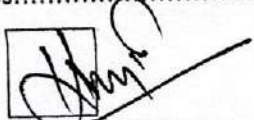
GLOBAL
Institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 15/08/21

	Rs.	P.
Dr.....A/c.	3000	00
.....A/c.	/	/
.....A/c.		
TOTAL	3000	00

Paid to Prof. Bipul Kumar
 on account of Attending Conference on Resurgig Indian Economy by
2030: Transending Traditional management Practices on 13/14 July, 2021 at IIT
 by Cash / Cheque / D.D. No. 3000/-
 (Rupees Three thousand only)



Signature of the Payee


Accountant

Passed for Payment


Director


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GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR





GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Bipul Kumar Department: MBA
Name of Conference/Workshop: Reliving Indian economy by 2030: Transending traditional management practices
Location: PJ College, BBSR Date of Conference/Workshop: 13-14 July 2021

Expenses Submitted for Reimbursement

Registration Fees: 2500
Travel Expenses: 500
Boarding Expenses: 1
Other (Please explain)

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: —

Total expenses submitted for reimbursement: 3000

Bipul Kumar
(Employee's Signature)

Date: 22 July 2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3500/-

Date: 15/08/21

Amount Un-reimbursed: —

[Signature]
PRINCIPAL
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BHUBANESWAR



[Signature]
Signature of Accountant



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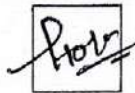
DEBIT VOUCHER

Voucher No. _____

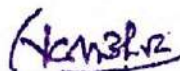
Date 30/07/21

	Rs.	P.
Dr.....A/c.	2150	00
.....A/c.		
.....A/c.		
TOTAL	2150	00

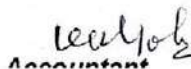
Paid to Dr. Pritidhara Hota
on account of Attending workshop on Netretva 4.0 on 04 July, 2021
at KMS, BBSR
by Cash / Cheque / D.D. No. 2,150/-
(Rupees Two Thousand One Hundred Fifty only)

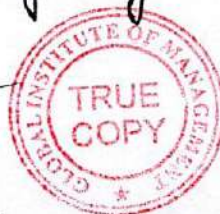


Signature of the Receiver



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BHUBANESWAR


Accountant



Passed for Payment





GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Pritidhara Hota Department: MBA

Name of Conference/Workshop: Natretva 4.0

Location: KMS, Bhubaneswar Date of Conference/Workshop: 04 July, 2021

Expenses Submitted for Reimbursement

Registration Fees: 1500/-

Travel Expenses: 650/-

Boarding Expenses: =

Other (Please explain)

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: -

Total expenses submitted for reimbursement: 2150/-

Pritidhara Hota
(Employee's Signature)

Date: 12.07.2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2150/-

Date: 30/07/21

Amount Un-reimbursed: Rs. 0/-

[Signature]
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Bhubaneswar



[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR


DEBIT VOUCHER


Voucher No. _____

Date 30/07/21

	Rs.	P.
Dr. A/c.	2500	= 00
..... A/c.	/	/
..... A/c.	/	/
TOTAL	2500	= 00

Paid to Prof. Manoj Kumar Behena
on account of Attending e- Conference on Embracing Transformation
through Innovation on 12-13 March, 2020 at BIITM, BDR
by Cash / Cheque / D.D. No. 2,500/-
(Rupees Two Thousand Five Hundred only)

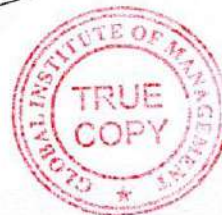

Manoj Kumar Behena
Signature of the Payee


Accountant

Passed for Payment


Director


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BHUBANESWAR





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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Nandj Kumar Bickers Department: HRD
Name of Conference/Workshop: Embracing transformation through innovation (Online)
Location: BILITAD, Bhubaneswar Date of Conference/Workshop: 25th 12th - 13th March 2020

Expenses Submitted for Reimbursement

Registration Fees: 2500/-
Travel Expenses: 0
Boarding Expenses: 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: 0

Total expenses submitted for reimbursement: 2500/-

NK Bickers
(Employee's Signature)

Date: 15th July 2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2500/-

Date: 30/07/21

Amount Un-reimbursed: 0

[Signature]
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[Signature]
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 03/09/20

Dr.....A/c.	Rs.	P.
.....A/c.	1500	00
.....A/c.	/	/
TOTAL	1500	00

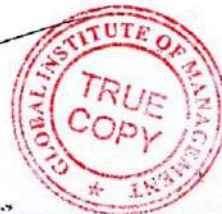
Paid to..... Prof. Manoj Kumar Behera
on account of..... Attending online conference on Transforming rural ecosystem on 20 April 2020 at GIFT, BBER.
by Cash / Cheque / D.D. No. 1500/5
(Rupees..... One thousand five hundred only)

Manoj Kumar Behera
Signature of the Payee

Manoj

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BHUBANESWAR

Manoj
Accountant



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Manoj
Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Manoj Kumar Bala Department: MBA
Name of Conference/Workshop: Transforming rural ecosystems (online)
Location: GIFT, Bhubaneswar Date of Conference/Workshop: 20th April 2020

Expenses Submitted for Reimbursement

Registration Fees: 1500/-
Travel Expenses: 0
Boarding Expenses: 0
Other (Please explain): 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: 0

Total expenses submitted for reimbursement: 1500/-

Manoj Bala
(Employee's Signature)

Date: 17/08/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Manoj Bala
Dean Signature

SKM

Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs. 1500/-

Date: 03/09/20

Amount Un-reimbursed: 0

Manoj Bala
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Manoj Bala
Signature of Accountant

DEBIT VOUCHER



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Voucher No. _____

Date 30/08/20

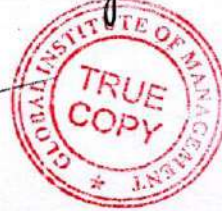
	Rs.	P.
Dr.....A/c.	2500	00
.....A/c.		
.....A/c.		
TOTAL	2500	00

Paid to..... Dr. Ashis Mohanty
 on account of..... Attending Conference on Innovation Automation and Future Trends in Business on 22-23 April, 2020 at GIFT, BBSR.
 by Cash / Cheque / D.D. No. 2,500/-
 (Rupees..... Two Thousand Five Hundred Only.....)

[Signature]

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[Signature]



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Ashis Mohanty Department: MBA
Name of Conference/Workshop: Innovation Acclimation & Future Trends in Business (online)
Location: GIFT Bhubaneswar Date of Conference/Workshop: 22-23 April 2020

Expenses Submitted for Reimbursement

Registration Fees: 2500.00/-
Travel Expenses: —
Boarding Expenses: —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: —

Total expenses submitted for reimbursement: 2500.00/-

Ashis Mohanty
(Employee's Signature)

Date: 12.08.2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Ashis Mohanty
Dean Signature

SKM
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2500/-

Date: 30/08/20

Amount Un-reimbursed: —

Ashis Mohanty
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Signature of Accountant



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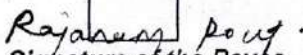
DEBIT VOUCHER

Voucher No. _____

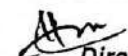
Date 30/07/20

	Rs.	P.
Dr.....A/C.	2500	00
.....A/C.		
.....A/C.		
TOTAL	2500	00

Paid to Prof. Rajaram Rout
on account of Attending Conference on Scientific research and innovation on 05-06 March 2020 at BIITM, BBSR.
by Cash / Cheque / D.D. No. 2500/-
(Rupees Two Thousand Five Hundred only)


Signature of the Payee


Accountant

Passed for Payment

Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Rajaram Rout Department: MBA
Name of Conference/Workshop: Scientific research and innovation (online)
Location: BIITM, Bhubaneswar Date of Conference/Workshop: 05-06 Mar 2020

Expenses Submitted for Reimbursement

Registration Fees: 2500
Travel Expenses: —
Boarding Expenses: —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: —

Total expenses submitted for reimbursement: 2500

Rajaram Rout
(Employee's Signature)

Date: 17 July 2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2500/-

Date: 30/07/20

Amount Un-reimbursed: —

[Signature]
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 13/07/20

	Rs.	P.
Dr.....A/c.	2000 = 00	
.....A/c.		
.....A/c.		
TOTAL	2000 = 00	

Paid to... Dr. Bijaya Kumar Nanda
on account of... Attending online Conference on Business Management
and Leadership on 15-16 February, 2020 at PT College, BOSP.
by Cash / Cheque / D.D. No. 2,000/-
(Rupees... Two thousand only)

Signature of the Payee

Accountant
Accountant

Passed for Payment

Director
Director

Principal
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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Bijaya Kumar Nanda Department: MBA

Name of Conference/Workshop: Business Management & Leadership (Online)

Location: P.J. College, Bhubaneswar Date of Conference/Workshop: 15th - 16th February 2020

Expenses Submitted for Reimbursement

Registration Fees: 2000/-

Travel Expenses: 0

Boarding Expenses: 0

Other (Please explain): 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No

Amount: 0

Total expenses submitted for reimbursement: 2000/-

Bijaya Kumar Nanda
(Employee's Signature)

Date: 20/06/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2000/-

Date: 13/07/20

Amount Un-reimbursed: X

[Signature]
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BHUBANESWAR



[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 12/05/21

	Rs.	P.
Dr.....A/c.	2000	00
.....A/c.		
.....A/c.		
TOTAL	2000	00

Paid to Prof. Manoj Kumar Behera
on account of Attending e-Conference on People, Planet & Profit: A Journey towards sustainable goals on 19, Dec, 2020 at KMS, BBSR.
by Cash / Cheque / D.D. No. 2,000/-
(Rupees Two Thousand only)

Manoj Kumar Behera
Signature of the Payee

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PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

Kes
Accountant



Passed for Payment

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Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Manoj Kumar Behara Department: MBA
Name of Conference/Workshop: People, Planet & Prof.: A Journey towards Sustainable development goals (LMS)
Location: K.M.S., Bhubaneswar Date of Conference/Workshop: 19th December 2020

Expenses Submitted for Reimbursement

Registration Fees..... 2000/-
Travel Expenses..... 0
Boarding Expenses..... 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: Nil Amount: 0/-

Total expenses submitted for reimbursement: 2000/-

Manoj Kumar Behara
(Employee's Signature)

Date: 25/04/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Manoj Kumar Behara
Dean Signature

SKM
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2000/-

Date: 12/05/21

Amount Un-reimbursed: 0

Manoj Kumar Behara
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Manoj Kumar Behara
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 18.02.2021

	Rs.	P.
Dr.....A/c.	2400-00	
.....A/c.	/	/
.....A/c.		
TOTAL	2400-00	

Paid to..... Dr. Munmun Mohanty
on account of..... Attending Workshop on Digitalization - The Way Ahead
on 5-6 November, 2021 at REC, BBSR.
by Cash / Cheque / D.D. No..... 2,400 /-
(Rupees..... Two Thousand four hundred only)

Signature of the Payee

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BHUBANESWAR

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Munmun Mohanty Department: MBA
Name of Conference/Workshop: Finance in the post-Covid: Metamorphosis
Location: B.I.T.M., Bhubaneswar Date of Conference/Workshop: 16-17 Feb, 2022

Expenses Submitted for Reimbursement

Registration Fees: Rs 2500/-
Travel Expenses: Rs 601/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NA Amount: Rs 31,00

Total expenses submitted for reimbursement: Rs 3100/-

Munmun Mohanty
(Employee's Signature)

Date: 10.03.2022

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Dean Signature

Kanishk
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs 31,000/-

Date: 21/03/22

Amount Un-reimbursed: X

Kanishk
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Kanishk
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 12/02/21

	Rs.	P.
Dr.....A/c.	3100	00
.....A/c.	/	/
.....A/c.		
TOTAL	3100	00

Paid to Prof. Bipul Kumar
on account of Attending Conference on Changing Perspectives of Business on 18-19 Jan, 2021 at Aryudu College, BBSR
by Cash / Cheque / D.D. No. 3100
(Rupees Three Thousand One Hundred only)


Signature of the Payee


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Accountant



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Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Bipul kumar Department: MBA
Name of Conference/Workshop: changing perspective of business.
location: Aryan college, BBR. Date of Conference/Workshop: 18-19 Jan 2021

Expenses Submitted for Reimbursement

Registration Fees..... 2500
Travel Expenses..... 600
Boarding Expenses..... -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: -

Total expenses submitted for reimbursement: 3100

Bipul kumar
(Employee's Signature)

Date: 27 Jan 2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]

Principal Signature

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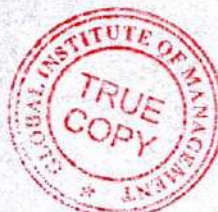
Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3100/-

Date: 12.02.21

Amount Un-reimbursed: Rs. -

[Signature]
PRINCIPAL
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[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 04/02/21

	Rs.	P.
Dr.....A/c.	1500	00
.....A/c.	1	1
.....A/c.		
TOTAL	1500	00

Paid to Prof. Manoj Kumar Behem
on account of Attending Conference on Strategic HRM: A Key to Organizational Success on 16 Sept. 2020 at GIFT, BOPR.
by Cash / Cheque / D.D. No. 1500/-
(Rupees One Thousand Five Hundred only)

Manoj Kumar Behem
Signature of the Payee

PRINCIPAL
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BHUBANESWAR

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Accountant



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Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Mandj Kumar Behera Department: MBA
Name of Conference/Workshop: Strategic HRM: A key to organizational success (online)
Location: G.I.T., Bhubaneswar Date of Conference/Workshop: 16th September 2020

Expenses Submitted for Reimbursement

Registration Fees: 1500/-
Travel Expenses: 0
Boarding Expenses: 0
Other (Please explain): 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: 0

Total expenses submitted for reimbursement: 1500/-

MK Behera
(Employee's Signature)

Date: 20/01/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Mandj Kumar Behera
Dean Signature

SKM
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 1500/-

Date: 04/02/21

Amount Un-reimbursed: 0

Mandj Kumar Behera
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Accountant Signature
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 25/01/21

	Rs.	P.
Dr.....A/c.	2500 = 00	
.....A/c.		
.....A/c.		
TOTAL	2500 = 00	

Paid to Dr. Hemadrei Ranjan Mishra
on account of Attending e-workshop on HR Analytics and Business Transformation on 19-20 Sept, 2020 at KMS, BBSR.
by Cash / Cheque / D.D. No. 2500/-
(Rupees Two Thousand Five Hundred only)

[Handwritten signature]

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Himadri Banjan Mishra Department: MBA
Name of Conference/Workshop: HR Analytics & Business Transformation Conference
Location: KMC, Bhubaneswar Date of Conference/Workshop: 19-20/09/2020

Expenses Submitted for Reimbursement

Registration Fees: 2500/-
Travel Expenses: -
Boarding Expenses: -
Other (Please explain): -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: -

Total expenses submitted for reimbursement: 2500/-

Himadri
(Employee's Signature)

Date: 07/01/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs. 2500/-

Date: 25/01/21 Amount Un-reimbursed: *

[Signature]
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[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 15/4/21

Dr.....A/C.	Rs.	P.
.....A/C.	5200	00
.....A/C.		
TOTAL	5200	00

Paid to..... Dr. Sanjib Pattnaik
on account of..... Attending Conference on New Business Model in New Normal on 21-22 March, 2021 at Arayan College, BBSR
by Cash / Cheque / D.D. No. 5,200 / -
(Rupees..... Five Thousand Two hundred only)

Sanjib Pattnaik
Signature of the Payee



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Accountant

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BHUBANESWAR

Passed for Payment
As
Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Sanjib Pattnaik Department: MBA

Name of Conference/Workshop: New Business model in the new normal

location: Arya, Bhubaneswar Date of Conference/Workshop: 21st - 22nd March 2021

Expenses Submitted for Reimbursement

Registration Fees: Rs 4500/-

Travel Expenses: 750/-

Boarding Expenses: -

Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:

Amount:

Total expenses submitted for reimbursement: 5,200/-

Sanjib Pattnaik
(Employee's Signature)

Date: 29/03/2021

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Sanjib Pattnaik
Dean's Signature

SKM
Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 5,200/-

Date: 18/04/21

Amount Un-reimbursed: Rs. 0/-



Sanjib Pattnaik
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
Bhubaneswar

Uday Kumar
Signature of Accountant

DEBIT VOUCHER



GLOBAL
institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 10/03/19

	Rs.	P.
Dr.A/c.	2600	00
.....A/c.		
.....A/c.		
TOTAL	2600	00

Paid to Dr. Sanjib Patttraik
 on account of Attending Conference on Managing Cultural Issues at Workplace on 13-14 February, 2019 at BIRTM, BBSR
 by Cash / Cheque / D.D. No. 2,600/-
 (Rupees Two Thousand Six Hundred only)

Sanjib Patttraik
 Signature of the Payee



Accountant
 Accountant

Passed for Payment

Director
 Director

Principal
 PRINCIPAL
 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Sanjib Pattnaik Department: MBA
Name of Conference/Workshop: Managing Cultural issues at workplace
location: BIITM, Bhubaneswar Date of Conference/Workshop: 13th - 14th February 2019

Expenses Submitted for Reimbursement

Registration Fees: Rs 2,000/-
Travel Expenses: Rs 600/-
Boarding Expenses: ₹
Other (Please explain)

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: Amount:

Total expenses submitted for reimbursement: 2,600/-

Sanjib Pattnaik
(Employee's Signature)

Date: 20/02/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

remohant
Dean Signature

SKMR

Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: Rs 2,600/-

Date: 10/03/19

Amount Un-reimbursed: ₹



Komal
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

Kalob
Signature of Accountant



GLOBAL
institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 18/09/19

Dr.....A/c.	Rs.	P.
.....A/c.	2700	00
.....A/c.	/	/
TOTAL	2700	00

Paid to Dr. Munmun Mohanty
 on account of Attending Workshop on Quantitative Finance using R-Software on 16-17 August, 2019 at KMS, BBSR
 by Cash / Cheque / D.D. No. 2700/-
 (Rupees Two Thousand Seven Hundred only)

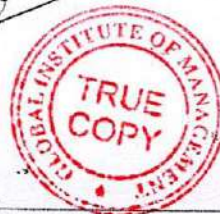
Munmun Mohanty
 Signature of the Payee

Accountant
 Accountant

Passed for Payment

Director
 Director

Principal
 PRINCIPAL
 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR





GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Munmun Mohanty Department: MBA
Name of Conference/Workshop: Quantitative Finance using R-software
Location: K.M.S. Bhubaneswar Date of Conference/Workshop: 16-17, Aug, 2019

Expenses Submitted for Reimbursement

Registration Fees: Rs 2000/-
Travel Expenses: Rs 700/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NA Amount: Rs 2700/-

Total expenses submitted for reimbursement: Rs 2700/-

Munmun Mohanty
(Employee's Signature)

Date: 30.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

SKM

Dean Signature

Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs 2700/-

Date: 18/09/19 Amount Un-reimbursed: 0

Kanishk
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Keerthi
Signature of Accountant

DEBIT VOUCHER



GLOBAL
institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 17/09/19

	Rs.	P.
Dr.....A/c.	4630	00
.....A/c.		
.....A/c.		
TOTAL	4630	00

Paid to Dr. Subrat Parida
 on account of Attending Conference on Recent Trends & Technology and Management on 19-21 August, 2019 at PJ College, BBSR.
 by Cash / Cheque / D.D. No. 4,630/-
 (Rupees Four Thousand Six Hundred Thirty only)

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PRINCIPAL
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BHUBANESWAR

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Passed for Payment

[Handwritten signature]



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Subrat Parida Department: MBA
Name of Conference/Workshop: Recent trends in technology & Management
Location: PJ College Bhubaneswar Date of Conference/Workshop: 19-21 Aug'2019

Expenses Submitted for Reimbursement

Registration Fees: 4000/-
Travel Expenses: 630/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: N.D. Amount: -

Total expenses submitted for reimbursement: 4630/-

Subrat Parida
(Employee's Signature)

Date: 28.08.19

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

random
Dean Signature

SKM
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 4630/-

Date: 17/09/19

Amount Un-reimbursed: *

Random
PRINCIPAL
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BHUBANESWAR



Random
Signature of Accountant



GLOBAL

institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 05/09/19

	Rs.	P.
Dr.....A/c.	1950	00
.....A/c.	/	/
.....A/c.		
TOTAL	1950	00

Paid to..... Dr. Subhranshu Pattnaik
 on account of Attending Conference on Paradigmatic Shifts in Business Practices on 16.08.2019 at P.J. College, BBRK
 by Cash / Cheque / D.D. No. 1950
 (Rupees..... One Thousand Nine Hundred fifty only.....)

Subhranshu Pattnaik
 Signature of the Payee

Kenshu
 PRINCIPAL

GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR

Kenshu
 Accountant



Passed for Payment

[Signature]
 Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Subhanshu Pattnaik Department: MBA
Name of Conference/Workshop: Paradigmatic shifts in business practices
Location: PJ College, Bhubaneswar Date of Conference/Workshop: 16.08.2019

Expenses Submitted for Reimbursement

Registration Fees..... 1500/-
Travel Expenses..... 450/-
Boarding Expenses..... —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... NO Amount:..... —

Total expenses submitted for reimbursement:..... 1950/-

Subhanshu Pattnaik
(Employee's Signature)

Date: 22.08.2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

sunil
Dean Signature

SKM
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed:..... 1950/-

Date:..... 05/09/19 Amount Un-reimbursed:..... —

SKM
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Accountant
Signature of Accountant

DEBIT VOUCHER



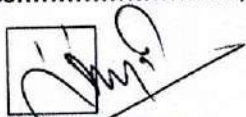
GLOBAL
institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 03/08/19

	Rs.	P.
Dr.....A/c.	2700	00
.....A/c.	/	
.....A/c.		
TOTAL	2700	= 00

Paid to Prof. Bipul Kumar
 on account of Attending Conference on Innovation and Advances
in Interdisciplinary Research on 10-11 July, 2019 at BIITM, BBSR
 by Cash / Cheque / D.D. No. 2,700/-
 (Rupees Two Thousand Seven Hundred only)



Signature of the Payee


Accountant

Passed for Payment


Director


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BHUBANESWAR





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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Bijay Kumar Department: MBA
Name of Conference/Workshop: Innovation and advances in interdisciplinary research
location: BITM, BBSR Date of Conference/Workshop: 10-11 July 2019

Expenses Submitted for Reimbursement

Registration Fees..... 2000
Travel Expenses..... 700
Boarding Expenses..... -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... No Amount:..... -
Total expenses submitted for reimbursement:..... 2700

Bijay Kumar
(Employee's Signature)

Date: 17/ July 2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed:..... Rs. 2700/-

Date: 03/08/19 Amount Un-reimbursed:..... x

[Signature]
PRINCIPAL
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BHUBANESWAR



[Signature]
Signature of Accountant



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institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 08/01/20

	Rs.	P.
Dr.....A/c.	2500	00
.....A/c.		
.....A/c.		
TOTAL	2500	00

Paid to Dr. Himadri Ranjan Mishra
 on account of Attending Online Conference on Social Media Marketing
on 19 July 2020 at BIIM, BBSR
 by Cash / Cheque / D.D. No. 2,500/-
 (Rupees Two Thousand Five Hundred only)

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BHUBANESWAR

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Passed for Payment

[Handwritten signature]



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Himadri Ranjan Mishra Department: MBA

Name of Conference/Workshop: social media marketing (online)

Location: BITM, Bhubaneswar Date of Conference/Workshop: 19/07/2020

Expenses Submitted for Reimbursement

Registration Fees: 2500/-

Travel Expenses: 0

Boarding Expenses: 0

Other (Please explain): 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: 0

Total expenses submitted for reimbursement: 2500/-

Himadri
(Employee's Signature)

Date: 20/12/2020

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Umesh
Dean Signature

SKM
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2500/-

Date: 08/01/20

Amount Un-reimbursed: 0

Kamlesh
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
Bhubaneswar



Kamlesh
Signature of Accountant



GLOBAL

institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 23/4/19

	Rs.	P.
Dr.....A/c.	2500	00
.....A/c.		
.....A/c.		
TOTAL	2500	00

Paid to..... Prof. Gauri Sankar Moharana
on account of..... Attending Conference on Sustainable Marketing on
31 March, 2019 at GIFT, BBSR
by Cash / Cheque / D.D. No..... 2,500/-
(Rupees..... Two thousand five hundred only)

Signature of the Payee

Accountant

Passed for Payment

Director

Kanishk
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR





GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Gouri Sankar Upadhyaya Department: Finance (MBA)
Name of Conference/Workshop: Sustainable Marketing
Location: G.I.P. BBSR Date of Conference/Workshop: 31/03/2019

Expenses Submitted for Reimbursement

Registration Fees: 2000/-
Travel Expenses: 500/-
Boarding Expenses: 0
Other (Please explain): 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: 0

Total expenses submitted for reimbursement: 2500/-

[Signature]
(Employee's Signature)

Date: 2/4/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2500/-

Date: 23/04/19

Amount Un-reimbursed: 0

[Signature]
PRINCIPAL
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BHUBANESWAR



[Signature]
Signature of Accountant



GLOBAL
Institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 14/04/19

	Rs.	P.
Dr.....A/c.	2650	00
.....A/c.		
.....A/c.		
TOTAL	2650	00

Paid to..... Dr. Bijaya Kumar Nanda
 on account of..... Attending Conference on Challenges in Emerging Economies
on 9-10 March, 2019 at REC, BBSR
 by Cash / Cheque / D.D. No. 2,650/-
 (Rupees..... Two Thousand Six Hundred Fifty only.....)

Signature of the Payee

PRINCIPAL

GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

Accountant



Passed for Payment

Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Bijaya Kumar Nanda Department: MBA

Name of Conference/Workshop: Challenges in emerging economies

location: REC, Bhubaneswar Date of Conference/Workshop: 09th-10th Mar 2019

Expenses Submitted for Reimbursement

Registration Fees: 2500/-

Travel Expenses: 650/-

Boarding Expenses: 0

Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: 0

Total expenses submitted for reimbursement: 2650/-

Bijaya Kumar Nanda
(Employee's Signature)

Date: 18/03/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]

Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2650/-

Date: 14/04/19

Amount Un-reimbursed: X

[Signature]
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



[Signature]
Signature of Accountant



GLOBAL
institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 07/04/19

	Rs.	P.
Dr. A/c.	4200	00
..... A/c.		
..... A/c.		
TOTAL	4200	00

Paid to Dr. Hemadri Ranjan Mishra
on account of Attending Workshop on Business Intelligence and
Financial Intelligence on 11-13 March 2019 at REC, BBSR.
by Cash / Cheque / D.D. No. 4200/-
(Rupees four thousand two hundred only)

Signature of the Payee

Kanishk
Accountant

PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Passed for Payment

A. M.
Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Himadri Manjan Mishra Department: MBA
Name of Conference/Workshop: Business Intelligence & Financial Intelligence
Location: AEC, Bhubaneswar Date of Conference/Workshop: 11-13 March 2019

Expenses Submitted for Reimbursement

Registration Fees: 2500 /-
Travel Expenses: 700 /-
Boarding Expenses: -
Other (Please explain): -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: -

Total expenses submitted for reimbursement: 4200 /-

Himadri
(Employee's Signature)

Date: 20/03/2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Manoj
Dean Signature

SKM
Principal Signature

For official use / Accounting Use Only

Reimbursement Approved? Yes No

Amount Reimbursed: 4200 /-

Date: 07/04/19

Amount Un-reimbursed: 0

Manoj
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Manoj
Signature of Accountant



GLOBAL
Institute of Management
HANSPAL, BHUBANESWAR

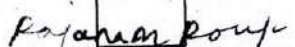
DEBIT VOUCHER

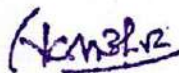
Voucher No. _____

Date 10/03/19

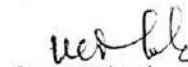
	Rs.	P.
Dr.....A/c.	3000	00
.....A/c.	/	
.....A/c.		
TOTAL	3000	00

Paid to Prof. Rajaram Rout
on account of Attending conference on Innovative Strategies in business management and Technology in emerging scenario on 18-19 Feb, 2019 at KMS, BBSR
by Cash / Cheque / D.D. No. 3000 / -
(Rupees Three Thousand only)


Signature of the Payee

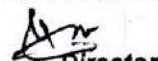


PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR


Accountant



Passed for Payment


Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Rajaram Poul Department: MBA
 Name of Conference/Workshop: Innovative Strategies in Business Management and Technology in Emerging Economies
 Location: KMS, BSR Date of Conference/Workshop: 18-19 Feb 2019

Expenses Submitted for Reimbursement

Registration Fees: 2500
 Travel Expenses: 500
 Boarding Expenses: —
 Other (Please explain): —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
 If yes, enter source and amount below.

Source: N.O. Amount: —

Total expenses submitted for reimbursement: 3000

Rajaram Poul
 (Employee's Signature)

Date: 26 Feb 2019

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
 Dean Signature

[Signature]
 Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3000/-

Date: 10/03/19

Amount Un-reimbursed: X

[Signature]
 PRINCIPAL
 GLOBAL INSTITUTE OF MANAGEMENT
 BHUBANESWAR



[Signature]
 Signature of Accountant



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Institute of Management
HANSPAL, BHUBANESWAR

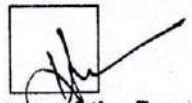
DEBIT VOUCHER

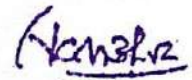
Voucher No. _____

Date 30/10/18

	Rs.	P.
Dr.....A/c.	3250	00
.....A/c.	/	'
.....A/c.		
TOTAL	3250	00

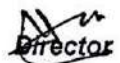
Paid to Prof. Bipul Kumar
on account of Attending Conference on Changing Nature of Innovation
on 10 Sep 2018 at KMS, BBSR
by Cdsh / Cheque / D.D. No. 3250 /
(Rupees Three Thousand / Two Hundred Fifty only)


Signature of the Payee


PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR


Accountant



Passed for Payment

Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Bipul kumar Department: MBA
changing nature of innovation

Name of Conference/Workshop:

location: KMS, BBSR, Date of Conference/Workshop: 10 sept 2018

Expenses Submitted for Reimbursement

Registration Fees: 2500

Travel Expenses: 750

Boarding Expenses: -

Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No

Amount: -

Total expenses submitted for reimbursement: 3250

Bipul kumar
(Employee's Signature)

Date: 19 sept 2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs - 3250/-

Date: 30/10/18

Amount Un-reimbursed: X

[Signature]
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



[Signature]
Signature of Accountant



GLOBAL

Institute of Management
HANSPAL, BHUBANESWAR

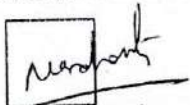
DEBIT VOUCHER

Voucher No. _____

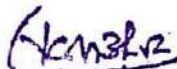
Date 16/10/18

	Rs.	P.
Dr. A/c.	2600	00
..... A/c.		
..... A/c.		
TOTAL	2600	00

Paid to Dr. Munmun Mohanty
on account of Attending Conference on Corporate Restructuring,
Merger & Acquisition & JV on 24-25 Sept. 2018 at GIP, BBSR
by Cash / Cheque / D.D. No. 2,600/-
(Rupees Two Thousand Six Hundred only)

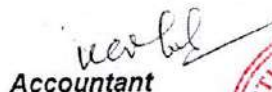


Signature of the Payee



PRINCIPAL

GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



Accountant



Passed for Payment


Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: DR. MURMUN MOHANTY Department: M.B.A

Name of Conference/Workshop: Corporate Re-structuring merger & Acquisition & JV

Location: G.I.T., Bhubaneswar Date of Conference/Workshop: 24-25 Sept. 2018

Expenses Submitted for Reimbursement

Registration Fees: Rs. 2000

Travel Expenses: Rs. 600

Boarding Expenses: -

Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?

If yes, enter source and amount below.

Source: NA

Amount: Rs. 2600

Total expenses submitted for reimbursement: Rs. 2600/-

Mohanty
(Employee's Signature)

Date: 30.09.2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

SKM

Dean Signature

Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2600/-

Date: 16/10/18

Amount Un-reimbursed: 0

Kumar
PRINCIPAL
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BHUBANESWAR



Mohanty
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 10/10/18

Dr. A/c.	Rs.	P.
..... A/c.	3100 = 00	
..... A/c.		
TOTAL	3100 = 00	

Paid to Dr. Subrat Parida
on account of Attending Conference on Augmenting India's Growth Story through Accelerating Job Creation on 14-15 Sep 2018 at Anyan BB
by Cash / Cheque / D.D. No. 3,100
(Rupees Three Thousand one hundred only)

Signature of the Payee

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Accountant

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Subrat Parida Department: MBA
Name of Conference/Workshop: Augmenting India's growth story through accelerating Job Creation
Location: Aryyan, Bhubaneswar Date of Conference/Workshop: 14-15 Sept '18

Expenses Submitted for Reimbursement

Registration Fees..... 2500/-
Travel Expenses..... 600/-
Boarding Expenses..... -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: -

Total expenses submitted for reimbursement: 3100/-

Subrat Parida
(Employee's Signature)

Date: 22.9.18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3100/-

Date: 10/10/18

Amount Un-reimbursed: Rs. 0/-

[Signature]
PRINCIPAL
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BHUBANESWAR



[Signature]
Signature of Accountant

DEBIT VOUCHER



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institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 13/09/18

	Rs.	P.
Dr.....A/c.	3100	00
.....A/c.	/	
.....A/c.		
TOTAL	3100	00

Paid to Prof. Rajaram Rout
 on account of Attending Conference on Changing Landscape in banking & Finance: Disruption, Innovation & Regulation on 18-19 Aug, 2018 at Aryan, BBSR
 by Cash / Cheque / D.D. No. 3,100/-
 (Rupees Three Thousand One Hundred only)

Rajaram Rout
Signature of the Payee

Kansha
PRINCIPAL

ved by
Accountant



Passed for Payment

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Director

GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Rajaram Roy Department: MBA
 Name of Conference/Workshop: changing landscape in banking and finance: Discussion on innovation and digital marketing
 Location: Aryan College, BSR Date of Conference/Workshop: 18-19 Aug 2018

Expenses Submitted for Reimbursement

Registration Fees: 2500
 Travel Expenses: 600
 Boarding Expenses: —
 Other (Please explain): —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
 If yes, enter source and amount below.

Source: No Amount: —

Total expenses submitted for reimbursement: 3100

Rajaram Roy
 (Employee's Signature)

Date: 27 Aug 2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
 Dean Signature

[Signature]
 Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: 43100/-

Date: 13/09/18

Amount Un-reimbursed: —

[Signature]
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[Signature]
 Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 11/09/18

	Rs.	P.
Dr.....A/c.	4600.00	
.....A/c.		
.....A/c.		
TOTAL	4600.00	

Paid to Dr. Bijaya Kumar Nanda
on account of Attending Conference on Financial Markets and Corporate Finance on 19-21 Aug 2018 at BIITM, BBSR
by Cash / Cheque / D.D. No. 4,600/-
(Rupees Four Thousand Six Hundred only)

Signature of the Payee

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Bijaya Kumar Nanda Department: MBA
Name of Conference/Workshop: Financial markets and Corporate Finance
Location: B.K.T.M. Bhubaneswar Date of Conference/Workshop: 19th - 21st August 2018

Expenses Submitted for Reimbursement

Registration Fees: 4,000/-
Travel Expenses: 6,500/-
Boarding Expenses: 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NA Amount: 0

Total expenses submitted for reimbursement: 46,000/-

Bijaya Kumar Nanda
(Employee's Signature)

Date: 27/08/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs. 46,000/-

Date: 11/09/18 Amount Un-reimbursed: 0

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[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 10/08/18

Dr.....A/c.	Rs.	P.
A/c.	2550
.....A/c.		
.....A/c.		
TOTAL	2550	00

Paid to Prof. Gouri Sankar Moharana
on account of Attending Conference on Innovative & Adaptive Management Strategies for Sustainable entrepreneurial business & social growth
by Cash / Cheque / D.D. No. 21550/- on 17-18 July, 2018 at Aman, Bhubaneswar
(Rupees Two Thousand Five Hundred fifty only)

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Gouri Sankar Moharana Department: MBA
Name of Conference/Workshop: Innovative & adaptive management strategies for sustainable entrepreneurial business & societal growth
Location: Aoyan, BBSR Date of Conference/Workshop: 17 & 18 July 2018

Expenses Submitted for Reimbursement

Registration Fees..... 2000/-
Travel Expenses..... 530/-
Boarding Expenses..... 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: 0

Total expenses submitted for reimbursement: 2530/-

(Employee's Signature)

Date: 22/7/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Dean Signature

Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs. 2530/-

Date: 10/08/18

Amount Un-reimbursed: 0

Principal
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BHUBANESWAR



Signature of Accountant



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Institute of Management
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DEBIT VOUCHER

Voucher No. _____

Date 19/05/18

	Rs.	P.
Dr.....A/c.	4900	= 00
.....A/c.		
.....A/c.		
TOTAL	4900	= 00

Paid to Dr. Sanjib Pattnaik
 on account of Attending Conference on Changing Counters of Indian Financial System on 7-10 April, 2018 at Aryan, BBR
 by Cash / Cheque / D.D. No. 4,900/-
 (Rupees Four Thousand Nine Hundred only)

Sanjib Pattnaik
 Signature of the Payee



Accountant
 Accountant

Passed for Payment

Director
 Director

Principal
 PRINCIPAL



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Sanjib Pattnaik Department: MAN
Name of Conference/Workshop: Changing contours of Indian financial system.
Location: Aryan, Bhubaneswar Date of Conference/Workshop: 07-10th April 2018

Expenses Submitted for Reimbursement

Registration Fees..... Rs 4500/-
Travel Expenses..... Rs 450/-
Boarding Expenses..... -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... Amount:.....

Total expenses submitted for reimbursement: Rs 4900/-

Sanjib Pattnaik
(Employee's Signature)

Date: 17/04/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs 4900/-

Date: 19/05/18

Amount Un-reimbursed: X



[Signature]
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[Signature]
Signature of Accountant



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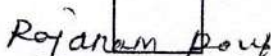
DEBIT VOUCHER

Voucher No. _____

Date 30/4/18

Dr.....A/c.	Rs.	P.
.....A/c.	3050-00	
.....A/c.	/	/
.....A/c.		
TOTAL	3050-00	

Paid to Prof. Rajaram Rout
on account of Attending workshop on IT Applications and Management
on 07-08 April, 2018 at KMS, BBSR
by Cash / Cheque / D.D. No. 3050 / -
(Rupees Three Thousand fifty only)

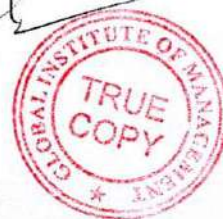

Signature of the Payee


Accountant

Passed for Payment


Director


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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Rajanam Rouf Department: MBA

Name of Conference/Workshop: IT Applications and Management

Location: KMS, Bhubaneswar Date of Conference/Workshop: 07-08 Apr 2018

Expenses Submitted for Reimbursement

Registration Fees: 2500/-

Travel Expenses: 550/-

Boarding Expenses: —

Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No

Amount: —

Total expenses submitted for reimbursement: 3050/-

Rajanam Rouf
(Employee's Signature)

Date: 16/04/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3050/-

Date: 30/04/18

Amount Un-reimbursed: x

[Signature]
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BHUBANESWAR



[Signature]
Signature of Accountant

DEBIT VOUCHER



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Voucher No. _____

Date 30/8/18

	Rs.	P.
Dr.....A/c.	2900	00
.....A/c.		
.....A/c.		
TOTAL	2900	00

Paid to Dr. Subhramshu Pattnaik
 on account of Attending Conference on Leveraging business Practices through business competitiveness on 7 Feb, 2018 at REC, BBSR
 by Cash / Cheque / D.D. No. 2,900/-
 (Rupees TWO Thousand Nine Hundred only)

Subhramshu Pattnaik

Signature of the Payee

[Signature]
Accountant

Passed for Payment

[Signature]
Director

[Signature]
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BHUBANESWAR





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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Subhanshu Pattnaik Department: MDA
Name of Conference/Workshop: Leveraging business practices through Business Competitiveness
location: REC, Bhubaneswar Date of Conference/Workshop: 07 Feb, 2018

Expenses Submitted for Reimbursement

Registration Fees: 2500/-
Travel Expenses: 400/-
Boarding Expenses: —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: - No - Amount: 0000/-

Total expenses submitted for reimbursement: 2900/-

Subhanshu Pattnaik
(Employee's Signature)

Date: 16 Feb '18

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2900/-

Date: 30/03/18

Amount Un-reimbursed: 0

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BHUBANESWAR



[Signature]
Signature of Accodantant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 03/02/18

	Rs.	P.
Dr. A/c.	3150 = 00	
..... A/c.		
..... A/c.		
TOTAL	3150 = 00	

Paid to... Dr. Bijaya Kumar Nanda
on account of... Attending Conference on Global Business Environment
on 11 November 2018 at B.I.T.M. B.B.S.R.
by Cash / Cheque / D.D. No. 3150/-
(Rupees... Three Thousand One Hundred Fifty only.)

Passed for Payment


Signature of the Payee


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BHUBANESWAR


Accountant




Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Bijaya Kumar Nanda Department: I.A.S.A.

Name of Conference/Workshop: Global Business Environment

Location: BILITM, Bhubaneswar Date of Conference/Workshop: 11th November 2018

Expenses Submitted for Reimbursement

Registration Fees: 2500/-

Travel Expenses: 650/-

Boarding Expenses: 0

Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No

Amount: 0

Total expenses submitted for reimbursement: 3150/-

Bijaya Kumar Nanda
(Employee's Signature)

Date: 18/11/2018

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3150/-

Date: 23/02/18

Amount Un-reimbursed: 0

[Signature]
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BHUBANESWAR



[Signature]
Signature of Accountant

DEBIT VOUCHER



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Institute of Management
HANSPAL, BHUBANESWAR

Voucher No. _____

Date 19/11/17

	Rs.	P.
Dr.....A/c.	31 00 = 00	
.....A/c.		
.....A/c.		
TOTAL	31 00 = 00	

Paid to..... Dr. Subrat Parida.....
 on account of..... Attending Conference on Issues & Challenges in Intelligent Computing Techniques on 13.10.17 at Anjan College, BBSR......
 by Cash / Cheque / D.D. No..... 8100 / -.....
 (Rupees..... Three Thousand One Hundred only.....)

[Signature]

Signature of the Payee

[Signature]

PRINCIPAL

GLOBAL INSTITUTE OF MANAGEMENT,
BHUBANESWAR

[Signature]
Accountant



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[Signature]
Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Subrat Parida Department: MBA
Name of Conference/Workshop: Issues & challenges in intelligent computing techniques
location: Asyan, Bhubaneswar Date of Conference/Workshop: 13.10.17

Expenses Submitted for Reimbursement

Registration Fees: 2500/-
Travel Expenses: 600/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: -

Total expenses submitted for reimbursement: 3100/-

Subrat Parida
(Employee's Signature)

Date: 20.10.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Ambarish
Dean Signature

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Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs. 3100/-

Date: 17.11.17 Amount Un-reimbursed: X

Ambarish
PRINCIPAL
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BHUBANESWAR



leer
Signature of Accountant

DEBIT VOUCHER



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HANSPAL, BHUBANESWAR

Voucher No. _____

Date 21/09/17

	Rs.	P.
Dr.....A/c.	2750-00	
.....A/c.		
.....A/c.		
TOTAL	2750-00	

Paid to Prof. Gauri Sankar Moharana
 on account of Attending Conference on Innovation and Management: The Way Ahead on 28-29 August, 2017 at GIFT, B.B.S.R
 by Cash / Cheque / D.D. No. 2750/-
 (Rupees Two Thousand Seven Hundred Fifty only)

Signature of the Payee

Accountant

Principal

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BHUBANESWAR



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Gouri Sankar Moharana Department: MBA
Name of Conference/Workshop: Innovation & management: The way ahead
Location: GIT, BBSR Date of Conference/Workshop: 28 & 29 August 2017

Expenses Submitted for Reimbursement

Registration Fees..... 2000/-
Travel Expenses..... 250/-
Boarding Expenses..... 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.
Source: No Amount: 0

Total expenses submitted for reimbursement:..... 2250/-

[Signature]
(Employee's Signature)

Date: 5/9/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed:..... Rs. 2250/-

Date: 21.09.17

Amount Un-reimbursed:..... x

[Signature]
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[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 30/08/17

Dr.....A/c.	Rs.	P.
.....A/c.	3100	00
.....A/c.		
TOTAL	3100	00

Paid to Dr. Pratikchandra Hota
 on account of Attending Conference on Role of Business in Sustainable Development on 3-4 August, 2017 at BIIM, BBSR
 by C/dsh / Cheque / D.D. No. 3,100 / -
 (Rupees Three Thousand one hundred only)

Signature of the Payee

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BHUBANESWAR

Accountant



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Pratiha Hota Department: MBA
Name of Conference/Workshop: Role of Business in Sustainable Development
location: BITM, Bhubaneswar Date of Conference/Workshop: 3-4 August, 2017

Expenses Submitted for Reimbursement

Registration Fees: 2500/-
Travel Expenses: 600/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: -NO- Amount: -
Total expenses submitted for reimbursement: 3100/-

(Employee's Signature)

Date: 13.08.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3100/-

Date: 30.08.17

Amount Un-reimbursed: 0

[Signature]
PRINCIPAL
GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR



[Signature]
Signature of Accountant



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institute of Management
HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 12/08/17

Dr.A/c.	Rs.	P.
.....A/c.	5000	00
.....A/c.		
TOTAL	5000	00

Paid to Dr. Pritidhara Holā
 on account of Attending Conference on Rethinking People Management
on 17-19 July 2017 at GIFT, BBSR
 by Cash / Cheque / D.D. No. 5,000/-
 (Rupees Five Thousand only)

Signature of the Payee

PRINCIPAL

GLOBAL INSTITUTE OF MANAGEMENT
BHUBANESWAR

Accountant



Passed for Payment

Director



GLOBAL INSTITUTE OF MANAGEMENT Bhubaneswar

(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Pritidhara Hota Department: MBA
Name of Conference/Workshop: Rethinking People Management
Location: GIFT, Bhubaneswar Date of Conference/Workshop: 17-19 July 2017

Expenses Submitted for Reimbursement

Registration Fees..... 4,500/-
Travel Expenses..... 500/-
Boarding Expenses..... -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: -

Total expenses submitted for reimbursement: 5000/-

Pritidhara Hota
(Employee's Signature)

Date: 27 July, 2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Nandini
Dean Signature

leer
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed: Rs. 5000/-

Date: 12/08/17 Amount Un-reimbursed: X

Nandini
PRINCIPAL
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BHUBANESWAR



ked 07
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 30/07/17

	Rs.	P.
Dr. A/c.	3200	00
..... A/c.		
..... A/c.		
TOTAL	3200	00

Paid to Dr. Subrat Parida
 on account of Attending Conference on Sustainable Excellence in Business and Entrepreneurship on 5-6 July, 2017 at BITM, BBSR
 by Cash / Cheque / D.D. No. 3,200/-
 (Rupees Three Thousand Two Hundred only)

Signature of the Payee

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 BHUSANESWAR

Accountant

Passed for Payment

Director





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(AFFILIATED TO BPUT, ROURKELA / APPROVED BY A.I.C.T.E. New Delhi)

CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Subrat Parida Department: MBA
Name of Conference/Workshop: Sustainable excellence in business & entrepreneurship
location: BIITM, Bhubaneswar Date of Conference/Workshop: 5-6 July '17

Expenses Submitted for Reimbursement

Registration Fees: 2500/-
Travel Expenses: 700/-
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NO Amount: -

Total expenses submitted for reimbursement: 3200/-

Subrat Parida
(Employee's Signature)

Date: 13.7.17

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 3200/-

Date: 30.07.17

Amount Un-reimbursed: X

[Signature]
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BHUBANESWAR



[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

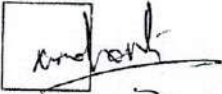
DEBIT VOUCHER

Voucher No. _____

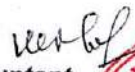
Date 14/06/17

Dr.....A/c.	Rs.	P.
A/c.	3100
.....A/c.	/	/
TOTAL	3100	00

Paid to..... Dr. Munmun Mohanty
 on account of..... Attending Conference on Talent Management in the Contemporary Era on 2-3, May 2017 at BIITM, BBSR
 by Cash / Cheque / D.D. No. 3,100/-
 (Rupees..... Three Thousand one Hundred only)


Signature of the Payee


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BHUBANESWAR


Accountant



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Director



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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Munmun Mohanty Department: MBA
Name of Conference/Workshop: Talent management in the Contemporary Era
Location: B.I.T.M. Bhubaneswar Date of Conference/Workshop: 02-03 May 2017

Expenses Submitted for Reimbursement

Registration Fees: Rs 2500
Travel Expenses: Rs 600
Boarding Expenses: -
Other (Please explain) -

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: NA Amount: Rs 3100

Total expenses submitted for reimbursement: Rs 3100/-

Munmun Mohanty
(Employee's Signature)

Date: 21.05.2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs 3100/-

Date: 14/06/17

Amount Un-reimbursed: X

[Signature]
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[Signature]
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 30/05/17

	Rs.	P.
Dr. A/c.	4100-00	
..... A/c.		
..... A/c.		
TOTAL	4100 = 00	

Paid to Dr. Bijaya Kumar Nanda
on account of Attending Conference on Leading in the new reality:
Insides into 'Actions' on 4-5 April, 2017 at KMS BBSR.
by Cash / Cheque / D.D. No. 4,100/-
(Rupees Four thousand one hundred only)

Signature of the Payee

Accountant

Passed for Payment

Director

Kumar
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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Dr. Bijaya Kumar Nanda Department: MBA

Name of Conference/Workshop: Leading in the new reality: Inside into actions

Location: K.N.S., Bhubaneswar Date of Conference/Workshop: 04th to 05th April 2017

Expenses Submitted for Reimbursement

Registration Fees: 3500/-

Travel Expenses: 650/-

Boarding Expenses: 0

Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?

If yes, enter source and amount below.

Source: N.S.

Amount: 0

Total expenses submitted for reimbursement: 4100/-

Bijaya Kumar Nanda
(Employee's Signature)

Date: 14/04/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Nanda
Dean Signature

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Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 4100/-

Date: 30/05/17

Amount Un-reimbursed: Rs. 0

Nanda
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BHUBANESWAR



Nanda
Signature of Accountant



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DEBIT VOUCHER

Voucher No. _____

Date 11/05/17

	Rs.	P.
Dr.A/c.	2700	w
.....A/c.	1	
.....A/c.		
TOTAL	2700	w

Paid to Prof. Bipul Kumar
on account of Attending Conference on Emerging Trends in Service Quality Management on 15-16 April, 2017 at GIFT, BBSR.
by Cash / Cheque / D.D. No. 2700/-
(Rupees Two Thousand Seven Hundred only)


Signature of the Payee


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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Bipul Kumar Department: MBA
Name of Conference/Workshop: Emerging trends in service quality management
Location: GIFT, BBSR Date of Conference/Workshop: 15-16 April 2017

Expenses Submitted for Reimbursement

Registration Fees: 2000
Travel Expenses: 2000
Boarding Expenses: —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No Amount: —

Total expenses submitted for reimbursement: 2700

Bipul Kumar
(Employee's Signature)

Date: 24 April 2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2700/-

Date: 11/05/17

Amount Un-reimbursed: —

[Signature]
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[Signature]
Signature of Accountant

DEBIT VOUCHER



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Voucher No. _____

Date 30/04/17

	Rs.	P.
Dr.....A/c.	3100	00
.....A/c.		
.....A/c.		
TOTAL	3100	00

Paid to Prof. Gouri Sankar Moharana
 on account of Attending Conference on Contemporary Issues in Sustainable Business Excellence on 7-8 April, 2017 at G.I.F.T., BBSR
 by Cash / Cheque / D.D. No. 3,100/-
 (Rupees Three Thousand One Hundred only)

Signature of the Payee

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Gowri Sankar Moharana Department: MBA
Name of Conference/Workshop: Contemporary Issues in Sustainable Business
location: GIIT, BBSR Date of Conference/Workshop: 28.8 April 2017

Expenses Submitted for Reimbursement

Registration Fees..... 2500/-
Travel Expenses..... 600/-
Boarding Expenses..... 0
Other (Please explain) 0

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: IXO Amount: 0

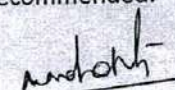
Total expenses submitted for reimbursement: 3100/-

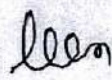

(Employee's Signature)

Date: 14/4/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No


Dean Signature


Principal Signature

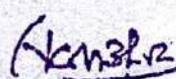
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Reimbursement Approved? Yes No

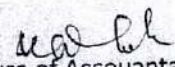
Amount Reimbursed: Rs. 3100/-

Date: 30/04/17

Amount Un-reimbursed: 7


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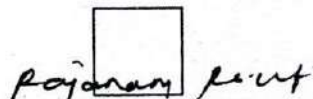
DEBIT VOUCHER

Voucher No. _____

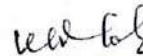
Date 01/04/17

Dr. A/c.	Rs.	P.
..... A/c.	2150	00
..... A/c.		
TOTAL	2150	00

Paid to Prof. Rajaram Rout
on account of Attending Workshop on Smart & Intelligent Learning
for Information Optimization on 11 March, 2017 at P.T. College, BBR
by Cash / Cheque / D.D. No. 2150/-
(Rupees Two Thousand One Hundred Fifty only)


Signature of the Payee


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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Rajaram Poud. Department: MBA.
Name of Conference/Workshop: Smart and intelligent learning for information optimization
Location: PJ college, BBSR. Date of Conference/Workshop: 11 Mar 2017.

Expenses Submitted for Reimbursement

Registration Fees..... 1500
Travel Expenses..... 650
Boarding Expenses..... —
Other (Please explain) —

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source:..... Amount:.....

Total expenses submitted for reimbursement:..... 2150.....

Rajaram Poud.
(Employee's Signature)

Date: 19 Mar 2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

[Signature]
Dean Signature

[Signature]
Principal Signature

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Reimbursement Approved? Yes No Amount Reimbursed:..... Rs. 2150/-.....

Date: 01/04/17..... Amount Un-reimbursed:..... 0.....

[Signature]
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[Signature]
Signature of Accountant



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HANSPAL, BHUBANESWAR

DEBIT VOUCHER

Voucher No. _____

Date 27/02/17

Dr.....A/c.	Rs.	P.
A/c.	2650
.....A/c.		
TOTAL	2650	= 00

Paid to Prof. Manoj Kumar Behera
 on account of Attending Conference on Innovation Management in Business
on 2-3 Feb, 2017 at P.I College, B.B.R.
 by Cash / Cheque / D.D. No. 2,650/-
 (Rupees Two Thousand Six Hundred Fifty only)

Manoj Kumar Behera
 Signature of the Payee

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 Accountant



Passed for Payment

Dr
 Director

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CONFERENCE / WORKSHOP REIMBURSEMENT FORM

GENERAL INFORMATION

Employee's Name: Manoj Kumar Behara Department: MBA

Name of Conference/Workshop: Innovation Management in Business

Location: P.I. College, Bhubaneswar Date of Conference/Workshop: 2nd - 3rd February 2017

Expenses Submitted for Reimbursement

Registration Fees: 2000/-

Travel Expenses: 650/-

Boarding Expenses: 0

Other (Please explain): ~~2450/-~~

Did you receive money from any other sources (i.e. Departmental funds, grants) to pay for this class?
If yes, enter source and amount below.

Source: No

Amount: 0

Total expenses submitted for reimbursement: 2650/-

Manoj Behara
(Employee's Signature)

Date: 10/02/2017

I acknowledge this professional development activity was beneficial to this employee in his/her current position with the College. I also confirm that departmental funds are not available to reimburse this employee for this activity.

I recommended: Yes/No

Manoj Behara
Dean Signature

Manoj Behara
Principal Signature

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Reimbursement Approved? Yes No

Amount Reimbursed: Rs. 2650/-

Date: 27/02/17

Amount Un-reimbursed: X

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Manoj Behara
Signature of Accountant