

PANJAB UNIVERSITY, CHANDIGARH

**Account Opening Form
For Student Societies/Departmental Association**

No. _____

Dated: _____

The Manager,

_____,
Panjab University,
Chandigarh

Sir,

The competent authority has allowed to open a _____
Account in the name of _____. The signature
of the proposed Account Holder/Operator i.e., Mr./Ms.
_____ is attested here below:-

Attested by

(Vikram Nayyar)
Finance & Development Officer

You are requested to open the account as above.

Yours sincerely,

Assistant Registrar

Copy to:

_____ with instructions that only
transactions relating to the purpose as stated above shall be carried out through
this bank account and after conclusion of the concerned event, a closure report of
the account shall be submitted to this office. The department shall also ensure due
compliance of instructions as per circular no. 4724-4923/A dated 04/07/2018.

Assistant Registrar

PANJAB UNIVERSITY, CHANDIGARH

Account Opening Application Form

For operation of Department Imprest, Utilization of Research Grant/Advances and for other temporary purposes such as to carry out transactions of Seminars/Conferences etc.

[Not for student societies/Department Association]

No. _____

Dated: _____

The Manager,

_____,
Panjab University,
Chandigarh

Sir,

The competent authority has allowed to open a _____
Account in the name of _____ for _____.
This account may be mapped with the CIF of Panjab University and also with the
official PAN i.e. AAAJP0325R. The signature of the proposed Account
Holder/Operator i.e., Mr./Ms. _____ is attested
here below:-

Attested by

(Vikram Nayyar)
Finance & Development Officer

You are requested to open the account as above.

Yours sincerely,

Assistant Registrar

Copy to:

_____ with instructions that only
transactions relating to the purpose as stated above shall be carried out through
this bank account and after conclusion of the concerned event, a closure report of
the account shall be submitted to this office.

Assistant Registrar

PANJAB UNIVERSITY, CHANDIGARH

Statement to be appended with proposal for seeking approval for opening of Bank Account for operation of Department Imprest, Utilization of Research Grant/Advances or for other temporary purposes such as to carry out transactions of Seminars/Conferences etc.

No. _____

Dated: _____

- 1) Whether the HOD has obtained any approval in the past for opening of a separate bank account for some temporary purpose (Yes or No).

If yes, the following details shall be provided:-

Bank Account No.	Date of approval.	Purpose for which the bank account was allowed to be opened.	Date on which the event/purpose for which such bank account was opened has got concluded/to be concluded.	If the account is in operation despite conclusion of concerned event/purpose, the reason for the same be mentioned, alongwith the date by which such account shall be closed.

- 2) Whether any faculty member of the department, in the capacity as Principal Investigator of a research project or as Coordinator of any scheme or any event, has obtained approval for opening of a separate bank account for a temporary purpose (Yes or No.).

If yes, the following details may be provided:-

Bank Account No.	Date of approval.	Purpose for which the bank account was allowed to be opened.	Date on which the event/purpose for which such bank account was opened has got concluded/to be concluded.	If the account is in operation despite conclusion of concerned event/purpose, the reason for the same be mentioned, alongwith the date by which such account shall be closed.

Signature of Faculty Member

Signature of Heads/Chairperson of the Department