



**CUMULATIVE PROFESSIONAL DEVELOPMENT ALLOWANCE (CPDA)
CLAIM OTHER THAN TOUR**

1. Name :
2. Designation :
3. Basic Pay & Pay Matrix Level :
4. Date of joining :
5. Year of claim :
6. Description :

Sl No	Description	Bill No.	Bill Date	Amount
Total				

Certified that the above information is correct and the expenditures have been actually incurred by me for the purpose specified in the CPDA guidelines.

Date:

Signature of the Applicant with date