

Government of _____ (Name of State/UT)

(Name of Institute)

Dated:

To

The Under Secretary (TFA)
Department of Personnel & Training
Block-4, Old JNU Campus,
New Delhi-110067
[Email: preeti.kaur@nic.in]

F. No.

Date:

Subject: Reimbursement claim for SCTP/TDP Courses conducted during the month of _____ (insert month) in the Financial Year 2025-26-reg.

Madam,

Kindly refer to DoP&T's letter no. _____ dated _____ (insert number and date) vide which approval for conducting _____ (insert the number) SCTP & _____ (insert the number) TDP courses during the Current Financial Year (CFY) has been conveyed to this Institute.

2. The reimbursement claim(s) amounting to Rs. _____ (insert amount) (in words) as per prescribed format at Annexure-'I' and abstract of Course Director Report(s) (CDR) as per Annexure-'II' in respect of _____ SCTP courses and _____ TDP courses has been uploaded on the portal for reimbursement.

3. It is hereby certified that the details provided in the reimbursement claim are consistent with the CDR and portal records in all relevant parameters, including the number of participants, dates and duration of the course.

4. It is requested that the reimbursement claim(s) amounting to Rs. _____ (in words Rs. _____ only) may kindly be sanctioned and credited in the institute's bank account mentioned in Annexure-'I'.

Yours faithfully,

-Signature-
(Name of Signing Authority with Designation & Stamp)

Encl: (i) Reimbursement claim as Annexure-I
(ii) Course Director Report as Annexure-II

Format for seeking reimbursement claims for SCTP/ TDP Courses

Sl. No.	Parameter	Particulars														
1.	Name of Training Institute															
2.	Status of Course(s) conducted and claim reimbursement	Quarter of FY	No. of course(s) conducted		Reimbursement Claim Status											
		(specify)	SCTP	TDP	Pending		Submitted		Reimbursed							
					SCTP	TDP	SCTP	TDP	SCTP	TDP						
		Q-1														
		Q-2														
		Q-3														
		Q-4														
		Total														
3.	Details of last Sanction issued	Sanction Order No.			Date			Amount								
4.	Whether any UC of previous releases pending	(Yes/No) If answer in affirmative, reasons thereof														
5.	*Proposed Claim:															
Sl. No.	Title of the Course	Category (SCTP/ TDP)	**Date (From -To)	**Duration of the Course (Days)	Mode (Offline/ Online)	CDR uploaded(as per Annexure -‘II’)	**No. of Participants	Amount claimed								
i																
ii																
Total Amount																
6.	Bank account details for crediting the amount	A/c No.=		Bank Name=		IFSC=										

* All fields under Sl. No. 5 are mandatory

** No. of participants, Date & duration of the course should match with CDR and portal data.

(Name, Designation and signature of authorized signatory)

Course Director's Report (Abstract)

_____ (Name of Course) held at _____ (Name of Institute) during _____ (Dates)

1.	Name of the Institute		
2.	Title of the Course		
3.	Duration of the Course		
4.	Dates on which Course conducted	From	To
5.	Name of the Course Director Contact Number		
6.	No. of the Participants (Pls enclose a copy of the final list of participants)		
7.	Photograph of the Participants	(To be enclosed)	
8.	Number of Participants who submitted feedback proforma a. Whether the Institute got in touch with the Participants in advance for the course; b. If so, when; and c. How many participants responded.		
9.	Whether the course expectations of the participants were ascertained: a. Before the commencement of the course; b. On the day of commencement of the course.		
10.	Average Feedback Score (Pls enclose a one-page consolidated evaluation/ feedback Report)		
11.	Whether the Course was conducted at the Institute's Main Campus or Regional Campus or any other venue?	Please specify	
12.	Whether the course was Residential or Non-Residential?		
13.	Total No. of sessions planned in the course	(Pls enclose the Session plan/Time-Table with	

		Name of Faculty)
14.	No. of sessions which could not be conducted as planned	
15.	If a similar course had been conducted earlier under the sponsorship of DOP&T, GOI, if so please indicate; a. Title of the course b. Duration of the course/From to	
16.	Whether any changes were effected in the current course on the basis of earlier feedback/suggestions or feedback received from prospective participants and to which extent: a. Course objectives b. Content c. Training methodology d. Structure and Distribution of Sessions & Topics e. Faculty f. Reading Material g. Sessions h. Facilities	
17.	General remarks of the Course Director on a. How the Course was organized b. Nature and extent of participants involvement in course including attendance, punctuality and interest evinced	
18.	Brief comments of Course Director on feedback received from participants (Not more than 100 words)	
19.	Comments on how the feedback would be factored in for improving the quality and delivery of the future courses	
20.	Any other comments/suggestions which the Course Director and/or the Institute may wish to make in respect of the course.	

(Name, Designation and Signature of Course Director with Date)