

**Procedure for providing support/ reimbursements to the expenditure incurred during the events/ exposure visits etc. (w.e.f 1<sup>st</sup> April, 2018)**

As per the provisions laid down in the policy document, HPCED will take measures to send the Startups/ Incubatees to leading startup destinations in the country and abroad for getting exposure as well as an opportunity to meet and converse with industry leaders, thinkers and innovators.

Incubatees/ Startups will be provided all possible support by HPCED/ Incubators to attend these events/ exposure visits etc. Incubatees/ Startups will be provided support/ reimbursements to the expenditure incurred during the events/ exposure visits etc. by following these steps:

1. Expenditure borne by the Incubatees/ Startups shall be submitted to the concerned incubation centre (with all supporting bills) in the prescribed format as annexed in this document.
2. The Host Institution/ Incubator will sanction the reimbursement/ assistance and the reimbursement will be disbursed directly in favour of the incubatees with intimation to the Directorate of Industries.

**TA/ DA Claim Form for Startups**

**Name of the event/ exposure visit etc. :**

1	Name of the Startup				
2	Name of the Participant				
3	Station of Departure	Station	Date	Hour	Fair Paid
4	Station of Arrival	Station	Date and hour		
5	Number of Days for the event/ exposure visit etc.				
6	Name Hotel/ Lodge/ Guest House etc in which Incubatee stayed during the event/ exposure visit etc.				
7	Station of Departure after completion of event/ exposure visit etc.	Station	Date	Hour	Fair Paid
8	Station of Arrival after completion of event/ exposure visit etc.	Station	Date and hour		
9	Daily Allowance (Rs. 500/- per Day)				
10	Staying Allowance (Rs. 1500/- per day)				
11	Total Claim Amount (3+7+9+10) (in words and figures)				
12	Bank account number with IFSC code and name of the account holder				

**Declaration:** I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Date:

Place:

Signature