

REQUEST FOR RESEARCH SCHOLAR CONTINGENCY GRANT

Name of the Research Scholar	:	_____
Roll Number	:	_____
Joining Date (DD/MM/YYYY)	:	_____
Name of the Faculty Supervisor	:	_____
Date of Passing the Comprehensive Exam	:	_____
Name of the Project	:	_____
Purpose of request (Purchase/Travel/Registration, etc., as per the eligibility)	:	_____ _____
Estimated amount to be incurred	:	_____

*Annexures to be enclosed:

1. A copy of Estimated amount for reference purpose (like quotation etc.)
2. A Copy of acceptance / selected mail for attending National / International conference.
3. A prior approval from faculty advisor/ Guide for process.
4. A copy of prior approval from Project Director.

Signature

Signature of the Guide
Name of the Faculty:

For Office Use:

Contingency Grant approved and sanctioned accorded for further procedures operations for
Rs. _____

Prepared

Checked / Reviewed

Recommended

**Authorised Signatory
(Director)**

- Please note that the mode of Purchase / Service operations will be based on the Estimated amount for further procedures of request.