**NATIONAL INSTITUTE OF TECHNOLOGY RAIPUR**



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No/NITRR/Department Name/….. Date: …./…../…….

**Financial Approval form for Expenses from Sanctioned Sponsored Projects**

**Project Title:** …………………………………………………………………………………………………….................................

………………………………………………………………………................. **Project No.** ……………………………………………… **Name of PI ……………………………………………… Designation: …………………………………………………… Department: ……………………………..…… Sponsoring Agency: …………………………………………… Sanctioned Amount:** ……………………………….………..... **Project Sanction Date** **…………………..…............. End date of Project………………………………. Financial Approval Requested: Rs …………………………..…………**

Details:

1. Head (Under which amount is requested): …………………………………………......................
2. Fund utilized till date (in the requested head:) ………….......………………….......................
3. Fund Remaining (under the requested head): ……………………………………........................
4. Item description:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Item details | Quantity | Cost per unit | Approx Cost |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| Total Amount | | | |  |

Project staff (JRF/SRF/RA/PA) are entitled for per diem allowance@ 600/- (If applied for conference: who will attend conference, Venue …….., Date of Conference……… **Paper is related to my project work.)**

**(PI Name & Signature with Date)**

Enclose. : Copy of budget Sanction Letter, item specification, Announcement of the event, Invitation/acceptance letter from the event organizer, Copy of accepted paper, NOC from co-author (if any)

**Forwarded & Recommended**

**Signature of HOD**

1. Fund availability /unavailability of under the requested head.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accountant**

**Office of the Dean (R&C)**

**Dean (R& C)**

**Director**

**UNDERTAKING**

**(To be submitted with application for Grant)**

I, Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ designation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby undertake that I shall present three slides of my Institute Profile circulated vide circular No./NITRR/DFW/2018/10442, date- 10/08/2018, during presentation of my paper in National/ International Conference.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: Designation\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATE**

**(To be submitted with Bills/ Vouchers Claim)**

I, Mr./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_, Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby certify that I have presented three slides of my Institute Profile circulated vide circular No./NITRR/DFW/2018/10442, date- 10/08/2018, during presentation of my paper in National/ International Conference.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: Designation\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­**

**NO-OBJECTION FROM CO-AUTHOR/s**

(Required only if Co-Author/s is/are an employee of NIT Raipur)

I, hereby, declare that I am a Co-Author of the paper mentioned above and give my consent to ------------------------------------------------------------------------------------------------ for attending the Event --------------------------------------------------------------------------------------------------------------. I further declare that no claim will be requested on my behalf for the same paper/ presentation.

(Signature of the Co-Author/s)

**CERTIFICATE**

With reference to the Event ----------------------------------------------------------------------------------------------

this is certified that---------------------------------- has presented his/ her Paper and shared event experience in

the Department before faculty members on -----------------------------at ----------------------------------.

|  |
| --- |
|  |

**(Head of the Department)**

**Note:** The Candidate has to make a presentation in the department to share the Conference experiences. A

certificate to this effect signed by Head of the Department should be submitted at the time of making a claim for the reimbursement of travel support.