**No. /NITRR/2024/ Date:-**

**Financial Approval for Institute Contingency Grant**

1. Scholar Details:-……………………. ……………Roll No………………….
2. Supervisor Name:-…………………………………………………………….
3. Department Name……………………………………………………………..
4. Financial Approval Requested Amount Rs………………………………….
5. Details:-

ITEM DESCRIPTION:-

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.**  | **ITEM DETAILS** | **QUANTITY**  | **COST PER UNIT** | **APPROX COST** |
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ECCLOSER: - Item Specification & Justification (To be attached with duly signed by student and supervisor).

Contingency Grant Details (Ist Year)……………….Amount………………….

(IInd Year)……………….Amount………………….

(IIIrd Year)……………….Amount………………….

(IVth Year)……………….Amount………………….

Forwarded & Recommended Student Signature

Signature of Supervisor HOD Signature

 Permitted

Dean, Students’ Welfare