

दिनांक :- ___/___/२०__

प्रति,
 मा. निबंधक,
 छत्रपती शाहू महाराज संशोधन,
 प्रशिक्षण व मानव विकास संस्था (सारथी),
 पुणे - ४११००४

विषय :- आकस्मित खर्चाची (Contingency) रक्कम मिळणेबाबत...

उपरोक्त विषयास अनुसरून सादर करण्यात येते की, मी _____
 आपल्याकडून दिल्या जाणाऱ्या छत्रपती शाहू महाराज राष्ट्रीय संशोधन
 अधिछात्रवृत्ती (CSMNRF- २०१९) चा अधिछात्रवृत्तीधारक असून दिनांक- ___/___/२०__ ते दिनांक-
 ___/___/२०__ या कालावधीचा आकस्मित खर्च, मिळवण्यासाठी आपल्या विहित नमुन्यामध्ये सर्व खर्चाचा
 तपशील व देयके सारथी संस्थेस सादर करित आहे. खर्चाचे तपशील पुढीलप्रमाणे आहेत.

अनु. क्र.	देयकांचे तपशील	रक्कम
एकूण रक्कम		

उपरोक्त तक्ता प्रमाणे खर्च केलेली रक्कम मला मिळावी ही विनंती.

संशोधन विद्यार्थ्याची सही
 दिनांक :- ___/___/२०__

**CHHATRAPATI SHAHU MAHARAJ RESEARCH, TRAINING AND HUMAN
DEVELOPMENT INSTITUTE (SARTHI), PUNE**
(An Autonomous Institute Of Government Of Maharashtra)
(Email- csmnrf2019phd@gmail.com / csmnrf2019mphil@gmail.com)

**FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY GRANTS AND THE
UTILIZATION CERTIFICATE**

1. Name of the Fellow :
2. Name of the Fellowship :
3. Year of the Fellowship :
4. Date of Registration :
5. Date of SARTHI's Award letter :
6. Expenditure (Yearly) : From _____ to _____

Sr. No.	Subject	Date of Bill	Amount
1	Student Research topic related reference books – Original bill with GST		
2	Stationary (Paper, Pen, Pencil, etc) Original bill with GST		
3	Electronic (Pen drive & Calculator) Original bill with GST		
4	Chemical goods: Original bill with GST		
5	Xerox, Report Typing - Original bill with GST		

Certified that the expenditure of Rs. _____ (Rupees in words _____) out of the contingency grant of Rs. _____ sanctioned vide SARTHI Undertaking signed by Candidate _____ has been utilized for the purpose for which it was sanctioned in accordance with the terms and conditions laid down by the **Chatrapati Shahu Maharaj Research Training Human development Institute (SARTHI) Pune**. (Attach each bill separately)

Also certified that fellow shall not accept / hold any emoluments paid or otherwise or receive emoluments, salary, stipend, etc. from any other source during the tenure of the award.

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Date :

Name of the Candidate :

Signature

Name :

Date :

Guide/ Supervisor :

Signature

Name :

Date :

Head of Department (Seal) :

Signature

Name :

Date :

Registrar / Director /Principal :

(Seal of University / Institution / College)