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**CHHATRAPATI SHAHU MAHARAJ RESEARCH, TRAINING AND HUMAN  
DEVELOPMENT INSTITUTE (SARTHI), PUNE**  
*(An Autonomous Institute Of Government Of Maharashtra)*  
(Email- [cmsrf2019phd@gmail.com](mailto:cmsrf2019phd@gmail.com) / [cmsrf2019mphil@gmail.com](mailto:cmsrf2019mphil@gmail.com))

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**Fellowship Utilization certificate**

\_Jan 20\_ To \_Jun 20\_  
\_Jul 20\_ To \_Dec 20\_

**1. Chief Minister Special Research Fellowship (CMSRF) –2019**

2. Name of the Fellow:.....

3. Date of Award .....

4. Date of Registration :DD/MM/YYYY

5. Duration of Expenditure :DD/MM/YYYY to DD/MM/YYYY

This is to certify that, Mr./Miss/Mrs. \_\_\_\_\_,

has received Fellowship amount as per below on date DD/MM/YYYY from SARTHI under Chief Minister Special Research Fellowship (CMSRF) –2019.

The received Fellowship amount has been utilized for the purpose of said research only or for which it was sanctioned in accordance with the terms and conditions laid down by the SARTI, Pune. Details of expenditure in respect to fellowship is as below.

Sr. No	Details	Amount
1	Fellowship Amount	
<b>Total</b>		

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 of Guide)

Date \_\_\_/\_\_\_/\_\_\_

(Signature of Head of Department)

Date \_\_\_/\_\_\_/\_\_\_

Signature  
Name of Candidate:  
Date

Signature  
Name of Guide/Supervisor:  
Date :  
Seal:

Signature  
Name of HOD:  
Date:  
Head of Department (Seal)

Signature  
Name:  
Date:  
**Registrar/ Director/Principal :**  
**(Seal of University / Institution**  
**/College)**