

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 मुख्यमंत्री विशेष संशोधन अधिछात्रवृत्ती  
 (CMSRF-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
<b>एकूण रक्कम</b>		

उपरोक्त तक्ता प्रमाणे खर्च केलेली रक्कम मला मिळावी ही विनंती.

संशोधन विद्यार्थ्याची सही

**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))

**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)**