

**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)

Fellowship Utilization certificate

Jan 20 To _Jun 20_
Jul 20 To _Dec 20_

1. Chhatrpati Shahu Maharaj National Research Fellowship (CSMNRF) –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 Chhatrpati Shahu Maharaj National Research Fellowship (CSMNRF) –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 SARTHI, Pune. Details of expenditure in respect to fellowship is as below.

Sr. No	Details	Amount
1	Fellowship Amount	
Total		

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)