**Request for contingency grant utilization (Consumables)**

Name of Student: SAP ID:

Enrollment Batch: Phone No.:

Name of Supervisor(s): Date:

Name of School:

Sanctioned Amount: **30,000/-**

Amount utilized:

Amount left:

|  |
| --- |
| **List of consumables up to INR 30K for full time PhD Scholars** |
| **Sl. No.** | **Particulars** | **Quantity (specify unit)** | **Unit Price (INR)** | **Freight Charges****(INR)** | **GST (18%)****(INR)** | **Total** | **Vendor (contact details)** |
| **1.** |  |  |  |  |  |  |  |
| **2.** |  |  |  |  |  |  |  |

**Name and signature of Scholar:**

**Recommended by: Approved by:**

**Name and signature of supervisor Dean R&D**