**Request for Contingency grant (Conference / Lab Visit)**

**Name of Student………..……………………………………………………SAP/ID…………………………………………**

**Year and Month of Registration: January / July ……………….. Phone No……………………………………..**

**Name of Supervisor…………………………………………Name of School……………………………………………..**

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

Amount utilized:

Amount left:

|  |
| --- |
| **Travel/ Lab Visit** |
| 1 | Name of Conference/ Name of Lab |  |
| 2 | Date of Conference & Place of Lab visit. |  |
| 3 | Support Required |
|  | 1. Travel\*
 |  |
| 1. Registration
 |  |
| 1. Accommodation#
 |  |

I have attached the abstract of the research work that will be presented in the above conference.

 **Name…………………………………………… Signature……………………………………..**

**(Accepted abstract or acceptance of lab visit by the lab is mandatory)**

**Note:** DA will not be provided. Originals bills of expenses must be submitted.

**Name of Supervisor Approved by**

**Signature of Supervisor Dean R&D**

After approval, a copy of this form should be submitted to Cluster Head & Research Coordinator for records.

\*To and fro travel by bus or train (sleeper class); local travel by cab is permissible.

# Accommodation charges are limited to Rs. 1000/- per day or actual, whichever is less.