

Request for contingency grant utilization (Consumables)

	Date:					
Name of	Student:		SAP ID:			
Enrollment Date:		Phone No				
Name of	Supervisor(s):					
Name of	f School:					
	already Consumed:					
Amount I	Proposed:					
Remaining Amount:						
	List of cons	sumables up to INR	30K for full-time	e PhD Schola	ars	
Sl. No.	Particulars	Quantity (specify unit)	Unit Price (INR)	Total	Vendor (contact details)	
Name of	Scholar		Signature of Scho	olar:	•••••	
Name of	Supervisor:	S	ignature of the S	upervisor		
			8	•		
Recommended by					Approved by	
Dr Pankaj Kumar				Dr Ashwini Kumar Nangia		
Associate Dean(R&D)					Dean (R&D)	