

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

Date.....

Name of Student.....SAP/ID.....

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

Name of Supervisor.....Name of School.....

Amount already Consumed.....

Amount Proposed.....

Remaining Amount.....

Travel/ Lab Visit		
1	Name of Conference/ Name of Lab	
2	Date of Conference & Place of Lab visit.	
3	Support Required	
	a) Travel*	
	b) Registration	
	c) Accommodation#	
****	<b>Total Expenditure</b>	

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

Name of Scholar..... Signature of Scholar.....

Name of Supervisor..... Signature of Supervisor.....  
**(Accepted abstract or acceptance of lab visit by the lab is mandatory)**

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

**Recommended by**

**Dr Pankaj Kumar**  
Associate Dean(R&D)

**Approved by**

**Dr Ashwini Kumar Nangia**  
Dean (R&D)

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

\*To and for 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.