

Research Grant Honorarium Claim Form

Name of PI: _____ Designation: _____

Department: _____

Title of Research Grant: _____

Name of Funding Agency: _____

Duration of Grant: _____ Start Date: _____

Funded Amount (Rs): _____ Amount Received (Rs): _____

SUBMITTED BY

Name *Department* *Date* *Signature*

ENDORSEMENT (by Head of Department)

Name *Department* *Date* *Signature*

CHECK LIST: to be verified by ORIC

1. Copy of the grant proposal	<input type="checkbox"/> Received
2. Grant submission date	
3. Decision from funding agency	<input type="checkbox"/> Received
4. First installment of grant	<input type="checkbox"/> Received

REMARKS (if any): _____

DIRECTOR, ORIC

Name *Date* *Signature*

DIRECTOR, FINANCE

Name *Date* *Signature*