**G4** 

(Estd. by Rajasthan State Legislature vide Act No. 16/2012 & Recognized under Section 22 (1) of UGC Act 1956)

## APPLICATION FORM FOR RELEASING FUND/GRANT/ FOR FACULTY/STUDENT PROJECT/CONSULTANCY

1. Det	ails of Project/Consultan	cy:						
a)	Name of Project/Consultancy :							
b)	Project/Consultancy starting Date :							
c)	Total Fund/Grant to be Released :							
2. Det	ails of Faculty / Students	•						
S. No.	Name of Faculty / Student	Employee ID / Reg. No.	School	For Students only			Team Leader/	
				Course	Branch	Year	Member	
3. Rec	eiving amount for 1st time	e/> one time						
(Please mention details of previous Fund/Grant):			,	Date Amount				
		<b></b>		Date	•••••	Amount	••••••	
4. Ban	k Account details of Bene	ficiary (Applican	t)					
Facult	y / Student Name :							
PANN	No. : Aadhar No.:							
Bank l	Name :							
	n Address:							
				IFSC Code:				
	of Applicant/Team Leade							
Signature of Applicant/Team Leader:				Date:				

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## 5. Verification & Approvals:

Recommendation by Guide  (Hardcopy of all the document to be submitted to Guide for verification)	For Maximum Amount	Name Signature Date
Recommendation by HOD	For Maximum Amount	Name Signature Date
Recommendation by Dean	Name Signature Date	
Consent for reimbursement by CF&AO	Name Signature Date	
Approval by Pro-President / President	Name Signature Date	