To Date:…../……/202…

The Registrar

Birla Institute of Technology

Sub: Request for endorsement in Continuation certificates for the month of……………………….202…

Respected Sir,

I, …………………………, Roll No : ……………………. a M.Sc. Pharm. in the **Department of**………………..……….awarded with………………….……………………… (please write fellowship scheme along with Ref. No, year and date).

I am submitting my Continuation certificates in desired formats for the month of…………………..202….for your kind consideration.

Therefore, I request you to kindly endorse the same at your earliest convenience.

With kind regards

Your sincerely

Signature:

Name of the student:

Roll No:

Student ID allotted in the Scheme:

Contact No:

 (Counter signed by Supervisor/Mentor) (Forwarding of the HOD)

 Name of Mantor:

Deputy Registrar (AAC) Dean of RIE

# ANNEXURE-III



UNIVERSITYGRANTSCOMMISSION BAHADURSHAH ZAFAR MARG NEW DELHI –110002

# SA-I SECTION

**CONTINUATION CERTIFICATE**

**UGC PG Scholarship M.E./ M. Tech./M. Phar to GATE/GPAT**

This is to certify that

has continuously working in the Department

in the subject under the above scheme for the quarter from to .

|  |  |  |
| --- | --- | --- |
| Signature Date Name of theAwardee | Signature DateHead of the Deptt. | Signature DateRegistrar |

UNIVERSITY GRANTS COMMISSION BAHADURSHAH ZAFAR MARG NEW DELHI – 110002

# SA-I SECTION

**FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY GRANTS** A**ND THE UTILIZATION CERTIFICATE**

1. Name of the Fellow :
2. Code number :
3. Name of the scheme under which he/she is working
4. Period for which the account of contingency grant relates
5. Expenditure: From to

Amount Dated

1. Books and allied items:
2. Typing (Tracing & ammonia printing):
3. Stationery:
4. Postage:
5. Chemical & electrical goods:
6. Travel/field work:
7. Period for which the contingency: grant is payable

Certified that the expenditure of Rs. (Rupees

 ) out of the contingency grant

of Rs. made available to the fellow

through Bank under the UGC scheme in respect of \_\_\_\_\_\_\_\_\_\_\_\_\_has been utilized for the

purpose for which it was sanctioned in accordance with the terms and conditions laid down by

the University Grants Commission.

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

|  |  |  |
| --- | --- | --- |
| **Signature** | **Signature** | **Signature** |
| **Name** | **Name** | **Name** |
| **Date** | **Date** | **Date** |
| **Name of the Candidate** | **Head of Deptt.** | **Registrar/ Director /Principal** |
|  | **(Seal)** | **(Seal of University/Institution/College)** |

*N.B.: For any correspondence in this regard, the Commission’s letter number and date may please be quoted without fail.*