

# University of Mumbai



No. APD/17/2016-17/21  
Academic Planning and  
Development Section  
Mumbai- 400 032.  
15<sup>th</sup> March, 2017

## CIRCULAR:-

### **Sub: University Research Grant for the year 2016-17**

In continuation of this office circular No-APD/237/16/2017 dated 13<sup>th</sup> January, 2017 the researchers are requested to submit the accounts on or before 31<sup>st</sup> march 2017.

Audited Grant Utilization Certificate (format enclosed) along with the statement of expenditure should be submitted to the Assistant Registrar APD Section 1<sup>st</sup> floor, Room No. 132, University of Mumbai, Fort Campus, Mumbai – 400 032 after verification through the Accounts Section, Ground Floor, Room No. 13, Fort Campus, Mumbai – 400 032.

Please note that the Voucher/bill dated after 31<sup>st</sup> March 2017 will not be accepted.

A handwritten signature in black ink, appearing to read 'Anil Patil', written in a cursive style.

Dr. Anil Patil  
Director  
Academic & Planning

## MINOR RESEARCH PROJECT

SUMMARY OF THE EXPENDITURE IS TO BE PREPARED IN FOLLOWING FORMAT :-

Sr.	Bill No.	Date of Bill	Particular/Purpose	Amount (Rs.)
1				
2				
3				
			Total	

- 2) Stock Entry is required for purpose of various Item.
- 3) Library Accession Number is required for purchase of Books.
- 4) Utilisation Certificate is required
- 5) Each bill & Certificate is to be certified by the Principal alongwith the Stamp of the College
- 6) Copy of Sanction Letter is required
- 7) Revenue Stamp Receipt above amount of Rs. 5000/-

### Utilization Certificate

Certified that the sanctioned grant of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) and received amount of first instalment of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_ only) from the University of Mumbai, under the scheme of support for Minor Research Project entitled " \_\_\_\_\_ " by Mr./Mrs. \_\_\_\_\_ has been fully utilised for the purpose for which it has sanctioned and in accordance with the terms and conditions laid down by the University.

Project No. \_\_\_\_\_

University letter No. \_\_\_\_\_ dated \_\_\_\_\_

Mobile No. \_\_\_\_\_

Principal Investigator

C.P.I.

Principal

Date : \_\_\_\_\_

College Seal