



## Form 6.2

## Expenditure Settlement of Collaborative Research under TEQIP-III

### SECTION A:

#### 1. Details of the proposer:

Name: \_\_\_\_\_ Department: \_\_\_\_\_

#### 2. Nature of Collaborative Research:

- ☐ Summer/Winter Internship for UG/PG students (SWI)  
(for max 4 weeks)
- ☐ Competitive UG/PG Project (CP)  
(for max 1 year)
- ☐ Joint PhD/M. Tech Guidance (JG)
- ☐ Collaborative Research Project (CRP)  
(for max 2 year)

#### 3. Category of Participation:

- ☐ Faculty Member ☐ Research Student
- ☐ PG student ☐ UG student

4. Name of the participant: \_\_\_\_\_

5. Duration: From: \_\_\_\_\_ to \_\_\_\_\_

### SECTION B:

#### 1. Financial Details:

Sl. No.	Expenditure Heads	Total Amount (in Rs.)
1	Consumables	
2	Contingency	
3	Travel (for attending national conference to present research findings of CRP)	
4	Equipment (In case of CRP)	
Total		

#### 2. Attachment Check List:

Sl. No.	List of Enclosures	Proposer (Y/N)	Department/Officer Coordinator(Y/N)	TEQIP Office(Y/N)*
1	A1: Financial Details: (Consumable, Contingency, Travel and/or Equipment in case of CRP. With all supporting bills)			
2	A2: Attendance Certificate for completion of Collaborative Research.			
3	A3: Research report of SWI/CRP or Thesis of Research carried out under CP/ JG (Soft and Hard Copy both)			
4	Actual program details along with lecture hours of each expects/faculty is submitted			
5	Copy of Research Publication (if any) in International/National Journal.			
6	Copy of Research Publication (if any) in International/National Conference.			

\*Note: Field marked by asterisk (\*) is for KIT-Office use only. Please leave this column blank.



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I/We hereby certify that:

- (i) The Grants have been spent for the purpose for which it was sanctioned and as per TEQIP III & IITG norms.
- (ii) All bills / vouchers / receipts are counter signed by proposer and department coordinator.
- (iii) Stock entry done (wherever applicable).

Forwarded:

Signature of the Proposer

Name: \_\_\_\_\_

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

Signature of Dept.-coordinator (DC)

Name: \_\_\_\_\_

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

Signature of HOD/HOC

Name: \_\_\_\_\_

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

**For use at KIT-TEQIP office**

Checked:

- ☐ Expenditure settlement form is checked, table in 'Attachment Check List' is verified and found in order.
- ☐ Expenditure have been entered in TEQIP office data base.
- ☐ Acknowledgement of this submission has been given to the Coordinator by CET Office.

Signature (KIT-TEQIP office)

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

Forwarded to Dean (R&D) with relevant attachments and recommended for settlement.

PI & Coordinator KIT-TEQIP (Head CET)

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

**For use at KIT-TEQIP office: Post Processing**

Checked:

- ☐ Information is sent to the Proposer that his/her form is processed from CET & sent to R&D for financial settlement.

Signature (KIT-TEQIP office)

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



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A1: Financial Details (Consumables, Contingency, Travel and Equipment):

Sl. No.	Description of Expenditures	Name of Vendor/Service provider	Bill/Indent No. & Date	Amount to be paid by R&D section directly to the vendor
1	Consumables			
2	Contingency			
3	Travel (for attending national conference to present research findings of <b>CRP</b> )			
4	Equipment (In case of <b>CRP</b> )			
Total				

Signature of the proposer

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

Signature of Department Coordinator

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

For KIT-TEQIP office use

S. No.	Description	Signature (KIT-TEQIP office)
1.	Checked and found in order. Put up for consideration.	
2.	Remarks (if any)	

☐

Approved

☐

Not approved

Forwarded to Dean (R&D), with a request to disburse the amount Rs. \_\_\_\_\_ to the vendor(s) as per the details mentioned above.

Signature of TEQIP Coordinator (Head CET)



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**A2: Attendance Certificate for completion of Collaborative Research.**

This is to certify that Dr./Mr./Ms. \_\_\_\_\_ has completed Collaborative Research titled \_\_\_\_\_ during \_\_\_\_\_ to \_\_\_\_\_ in the Department/Centre \_\_\_\_\_, IIT Guwahati. The nature of Collaborative Research was SWI/CP/JG/CRP under TEQIP –III.

Performance of Dr./Mr./Ms \_\_\_\_\_ was Outstanding/Excellent/Satisfactory/not Satisfactory.

Brief report on the Collaborative Research has been enclosed herewith.

\_\_\_\_\_  
Signature of the Proposer

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

\_\_\_\_\_  
Signature of Department Coordinator

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

**For KIT-TEQIP office use**

S. No.	Description	Signature (KIT-TEQIP office)
1.	Checked and found in order. Put up for consideration.	
2.	Remarks (if any):	

\_\_\_\_\_  
Signature of TEQIP Coordinator (Head CET)



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**A3:** Research report of SWI/CRP or Thesis of Research carried out under CP/ JG (to be submitted in hard and soft copy to the KIT-TEQIP office)

Sl. No.	Points to be included in the Research Report			Submitted (Y/N)
1	Title of the proposed project			
2	Nature of the Collaborative Research			
3	Objectives achieved (w.r.t the target objectives as per in form 1.2)			
4	Outcome of the Research /Project			
5	Details of Publications of the Research Project came out from TEQIP <b>CRP</b>	<b>Types of Research Project</b>	<b>No.</b>	
		International Journal		
		National Journal		
		International Conference		
		National Conference		

\_\_\_\_\_  
Signature of the Proposer

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

\_\_\_\_\_  
Signature of Department Coordinator

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

### For KIT-TEQIP office use

S. No.	Description	Signature (KIT-TEQIP office)
1.	Checked and found to be in order. Put up for consideration.	
2.	Remarks (if any)	

\_\_\_\_\_  
Signature of TEQIP Coordinator (Head CET)

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



**DECLARATION**

I/We hereby declare that the consumables worth Rs....., purchased during the Summer Internship under TEQIP-III of Mr/Ms..... were

- a) Solely used for the research purpose of the approved research work  
'.....' and
- b) Consumed during the stipulated period.....to .....

Signature of the proposer

Signature of the Department/Centre Coordinator