

MAHARISHI MARKANDESHWAR (DEEMED TO BE UNIVERSITY)
MULLANA-AMBALA, HARYANA (INDIA) – 133 207
(Established under Section 3 of the UGC Act, 1956)
(Accredited By NAAC with Grade ‘A’)

Claim Request for Incentive for Research Project Grant

1. Details of Research Project Grant:

Name of the funding agency: _____

Funding agency detail: State Government/ Central Government/ International
(Please Tick)

Title of the project: _____

Date of commencement of the project _____

Whether the project is a joint project with other institution?

If yes, give the details. _____

Financial Year	Total Grant Sanctioned	Sanction Letter No and Date	Grant Received	Letter No and Date	Incentive Payable against Grant Received

2. Details of PI and Co-PI(s) and Incentive Share:

Sr. No.	Name of the Investigator (s) with Designation	Employee ID	Type (PI / Co-PI)	Department	Institute / College	Incentive Share
1						
2						
3						
4						
TOTAL Incentive Payable						

Note:

- I. PI and Co-PI (s) shall be given an incentive of the grant received **as per table 5 (c) of the policy.**
- II. Incentive for Research Project Grant shall be shared among PI and Co-PI(s) **as per table 5 (d) of the policy.**
- III. Proof of sanction order received from the funding agency to be attached.

Declaration by the Investigator (s):

I/ we hereby give an undertaking that:

- i. The above information is true to the best of my/our knowledge and belief.
- ii. The above mentioned work has been carried out at MM (DU).
- iii. The incentive amount will be refunded to University in case of any dispute.

Signature
Name of the PI: _____

Signature
Name of the Co-PI 1: _____

Signature
Name of the Co-PI 2: _____

Date: _____

Signature
Name of the Co-PI 3: _____

Recommendations of the HOD/ Prof Incharge:

Date : _____ **Signature of HOD/ Prof Incharge**

Recommendations of the Director/ Principal:

Date : _____ **Signature of Director/ Principal**

Recommendations of the Registrar:

Date : _____ **Signature of Registrar**

Approval by the Vice Chancellor:

Date : _____ **Signature of Vice Chancellor**

For Office Use Only:

Sr. No.	Name of PI/ Co-PI(s)	Employee ID	Department / Institute / College	Incentive Paid (In Rs.)	Bank Account No.	Remarks
1.						
2.						
3.						

Note: Author’s Name, Employee ID and Department/ Institute/ College details shall be filled in by the applicants.

Signature of Administrative Officer (Accounts): _____
(with Date)