**FORM VI**

KERALA STATE HIGHER EDUCATION COUNCIL

CHIEF MINISTER’S NAVAKERALA POST DOCTORAL FELLOWSHIPS (CMNPF)

**FORM FOR CLAIMING CONTINGENCY FUND**

**PERIOD from\_\_\_\_\_\_\_\_\_\_\_\_\_\_to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Name of CMNP Fellow:

2. Category: Science/Non-Science:

3. Domain:

4. Year and Mode of the scheme under which He/she is working:

5. Period for which the account of Contingency grant relates: 1styr/2ndyr

6. Total amount expected Rs…....................as on Date…................

 (a) Item wise details of anticipated expenditure:

|  |  |  |
| --- | --- | --- |
| **Item procured** | **Description** | **Amount** |
| Books and allied items:  |  |  |
| Typing  |  |  |
| Printing |  |  |
| Stationery |  |  |
| Postage |  |  |
| Analysis |  |  |
| Attending conference/Workshop |  |  |
| Chemical and other consumables |  |  |
| Travel/field work |  |  |

Certified that the anticipated expenditure of Rs. ……………… (Rupees …………..……….. …………..…………………………………………………) out of the contingency grant of Rs………………..………………(eligible) in respect of ………………..(name of the CMNP Fellow and research project title) for the purpose with the terms and conditions laid down by the CMNPF guidelines.

Signature of CMNP Fellow

 Signature of mentor

Head of Registering Institution

Registrar/Principal/Director (Seal)

Place:

Date:

 *Covering letter endorsed by the Mentor and head of the Registering Institution must be accompanied*