

PRE-RECEIPT

Niral Thiruvizha ID : _____

College Name : _____

Project Title : _____

Faculty Guide : _____

Name of the students:

Sl.No.	Reg. No.	Name	Branch	Mobile No.

Received a sum of Rs.10,000/- (Rupees Ten thousand Only) sanctioned by TNSDC under Niral Thiruvizha Scheme through Centre for Sponsored Research and Consultancy (CSRC), Anna University towards the financial assistance for the project details indicated above. Certified further the same will be transferred to the above student concerned.

Account Holder Name : _____

Account No. : _____

Bank Name & Branch : _____

IFSC : _____

Note: The bank account should be the official account of the college principal, rather than an individual account, enclose copy of cheque leaf for validation.

Name and Sign
of the Faculty Advisor

Name and Sign
of the Principal with seal

Place:

Date:

College Seal

Bill Passed for the amount of Rs. _____/- (Rupees _____ Only)

AU - NM Co-ordinator

UTILISATION CERTIFICATE

Niral Thiruvizha ID : _____

College Name : _____

Project Title : _____

Faculty Guide : _____

Name of the students:

Sl.No.	Reg. No.	Name	Branch	Mobile No.

Certified that out of Rs.10,000/- (Rupees Ten thousand Only) sanctioned by TNSDC under Niral Thiruvizha Scheme through Centre for Sponsored Research and Consultancy (CSRC), Anna University towards the financial assistance for the project details indicated above, an amount of Rs. _____/- (Rupees _____ only) was utilised for the purpose for which it was sanctioned, leaving a balance of Rs. _____/- (Rupees _____ only).

Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled and that I have exercised the necessary checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Name and Sign
of the Faculty Advisor

Name and Sign
of the Finance Officer /
Auditor / Accounts
Officer with seal

Name and Sign
of the Principal with seal

Place:

Date:

College Seal

BILL SUMMARY

Niral Thiruvizha ID : _____

College Name : _____

Project Title : _____

Faculty Guide : _____

Name of the students:

Sl.No.	Reg. No.	Name	Branch	Mobile No.

Sl.No.	Bill No.	Bill Date	Description	Amount
TOTAL				

(Rupees _____ Only)

Name and Sign
of the Faculty Advisor

Name and Sign
of the Finance Officer /
Auditor / Accounts
Officer with seal

Name and Sign
of the Principal with seal

Place:

Date:

College Seal