## CENTER FOR RESEARCH AND TECHNOLOGY DEVELOPMENT

## **BHARATHIAR UNIVERSITY: COIMBATORE – 641 046.**

## <u>REQUEST FOR FORWARDING UTILIZATION CERTIFICATED AND STATEMENT OF</u> <u>EXPENDITURE TO FUNDING AGENCY</u>

		Date:	
Title of the Project	:		
M.H. No. Name of the Principal	:		
Investigator and Designation			
Name of the Funding Agency	:		
Project Tenure	:		
Document(s) Required	Document	Period	No of copies.
	Consolidated		
	statement of		
	Expenditure		
	Utilization		
	Certificate		
	Project		
	Completion		
	Report(if		
	Applicable)		
Audited or Unaudited	: YES /		
NO Address to which the			

Forwarded	
Signature of the HOD / Director with Seal and Date	Signature of PI With Seal and Date

Document(s) to be sent

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