



An Autonomous Institution under MHRD, Government of India)  
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## Dean (SR,IC&CE) Office

### CONTINGENT VOUCHER

Project No./Name :

Date :

P.I Name :

The following expenditures have been incurred in the execution of the Project

Sl.No.	Date	Purpose	Amount	Remarks
<b>Total Amount</b>				

It is certified that an amount of Rs. \_\_\_\_\_ (Rupees) only)  
was incurred for Project Purpose and the amount has been paid by me.

Signature of Project Staff/Scholar

Signature of Principal Investigator

Name :

Name :

Remarks by Sricce Cell :

Remarks by AR(Sricce)

Fund Available – Yes / No

Signature

Approved & Sanctioned

Registrar / Director