

**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**Dean of Research & Development Office**

**Lab Facility Usage Charges**

**Date:**

**Part-A**

Details	No.	Budget Head	Amount
Project from which charges are to be Debited			
Name of the Principal investigator			
Signature of Principal investigator			
Details of Usage charges			

**Part-B**

Details	No.	Budget Head	Amount
Project in which charges are to be Credited			
Name of the Principal investigator			
Signature of Principal investigator			

**Part-e**

<b>Approved (Above ( 50,000/- only)</b>
Dean (R&D)

**For R&D Office use**

Checked	Passed for Payment	
Sufficient balance is available in project account.		
Assistant / Unit In-charge	Asst. Registrar (R&D)	Joint Registrar (R&D)

**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**Department of Civil Engineering**

Form for Consultancy Project

*Date:*

S.No.	Item	Details
1.	Project Title	
2.	Sponsoring Agency	
3.	Project no. (as assigned by DORD office)	
4.	Project Start Date	
5.	Project End Date	
6.	Total Amount Sanctioned (Rs.)	
7.	Contribution to LDF (Rs.)	

This is to certify that (Please tick .../ as appropriate):

	Laboratory facilities will be used in this consultancy project
	No laboratory facilities will be used in this consultancy project

Co-Project Investigator	Project Investigator
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(Head of the Department)