## INDIAN INSTITUTE OF TECHNOLOGY KANPUR

**Dean of Research & Development Office**

**Form No 114**

**Part-A**

**Lab Facility Usage Charges**

**Date:**

|  |  |  |  |
| --- | --- | --- | --- |
| Details | No. | Budget Head | Amount |
| Project from which charges are tobe 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**

**Approved (Above ( 50,000/- only)**

**For R&D Office use**



|  |  |
| --- | --- |
| CheckedSufficient balance is available in project account.Assistant *I* Unit In-charge | Passed for Payment |
| 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 DORDoffice) |  |
| 4. | Project Start Date |  |
| 5. | Project End Date |  |
| 6. | Total Amoun t Sanctioned (Rs.) |  |
| 7. | Contribution to LDF (Rs.) |  |

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

|  |  |
| --- | --- |
|  | Laboratory facilities will be used in this consultan cy project |
|  | No laboratory facilities will be used in this consultan cy project |

Co-Project Investigator Project Investigator

(Head of the Department)