



# CENTRAL UNIVERSITY OF KASHMIR

Nowgam Campus-II, Near Puhroo Crossing, Nowgam Bypass, Srinagar, 190015 (J&K)

Phone: 0194-2315296, 2315290 Fax: 2315271, Website: [www.cukashmir.ac.in](http://www.cukashmir.ac.in)

## FORM FOR SUBMISSION ACCOUNTS OF CONTINGENCY AND UTILISATION CERTIFICATE

Faculty \_\_\_\_\_

M.Phil./Ph.D. \_\_\_\_\_

1.	Name	
2.	Father's Name	
3.	Permanent Address	
4.	Topic of Research	
5.	Date of Registration as M.Phil./Ph.D. programme	
6.	Date of joining M.Phil./Ph.D. Programme	
7.	Period for which the account of Contingency grant relates	
8.	Expenditure	From ..... to ..... Amount..... Dated .....
9.	Books and allied items	
10.	Typing (tracing and ammonia printing)	
11.	Stationery	
12.	Postage	
13.	Chemical and Electrical goods	
14.	Travel/Field work/Seminars/Workshops	
15.	Period for which contingency Grant is payable	
16.	Whether in receipt of scholarship/Salary/Stipend from any other source/agency/institution.	
17.	Are you an employee, if so, indicate Department and kind of level Sanctioned (Attach copy of order thereof).	

Certified that the expenditure of Rs. \_\_\_\_\_ has been utilised as contingency charges in respect of the purpose mentioned herein above. Further, it is stated that the above particulars are correct to the best of my knowledge and belief. If the information proved false, I shall be personally responsible for the consequence whatever.

**Signature of the Scholar**

If, as a result of a check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund /adjust or regularize the objected amount.

**Signature of the Scholar**

**Guide/Supervisor  
(Seal)**

**Dean/Head of Department  
(Seal)**

**Registrar/Director  
(Seal)**