**NATIONAL INSTITUTE OF TECHNOLOGY CALICUT**

**RESEARCH AND CONSULTANCY SECTION**

**Application for Release of Payment**

***File No. & Date (as in the AS&FS):***

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | a).Name & Designation of the Indenter/PI with Phone number | : |  |
| b) Email ID & Phone Number |  |  |
| 2 | Department/ School/Section | : |  |
| 3 | 1. Funding agency/scheme
 | : |  |
| 1. Title of research project/scheme
 | : |  |
| 1. Project account No (If account No. is not applicable, write the scheme)

*(Enclose Latest Bank statement of this Project account)* | : |  |
| 1. Project/scheme subhead on which the item is purchased
 | : |  |
| 1. Balance available in project/scheme subhead as on this request date
 | : |  |
| 4 | Name of the item  | : |  |
| 5 | Nature of Item(Strike-off whichever is not applicable) | : | (Equipment/Consumables) |
| 6 | Amount to be paid in Figures and words |  |  |
| 7 | **Name & Address of the Firm for the release of payment** | : |  |
| 8 | Certified that the amount was utilized for the purpose for which it was sanctioned(Permission by Head is enclosed) |  | Signature of Indenter/PI with date |
| 9 | Signature of Guide/Mentor/CoordinatorWith Name(if applicable) | : |  |
| 10 | Administrative & Financial Sanction by the Head of the Department/ School/Section\* (Strike-off whichever is not applicable) | : |  |