



POORNIMA UNIVERSITY

S17A

(Estd. by Rajasthan State Legislature vide Act No. 16/2012 & Recognized under Section 22 (1) of UGC Act 1956)

APPLICATION FORM FOR PROCESSING THE DST SPONSORED STUDENT PROJECT

- a) Name of Project : _____
- b) Total Project Cost : _____
- c) Project Starting Date : _____
- d) Probable Project Completion Date : _____
- e) Grant received from DST : _____
- f) Grant issuing Date : _____

S. No.	Name, Mobile No. & Email ID of Students	Reg. No.	Course	Branch	Year	Team Leader/Member
1						
2						
3						
4						
5						

Name of Applicant/Team Leader: _____ Signature: _____

Above information verified by:

Name of Guide:	Signature:	Date
Name of HOD:	Signature:	Date
Name of Dean:	Signature:	Date



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APPLICATION FORM FOR RELEASING THE ADVANCE FOR DST SPONSORED STUDENT PROJECT

(Max 50% of total grant can be reimbursed as advance before completion of the project)

1. Details of Project:

- a) Name of Project :
- b) Project starting Date :
- c) Total Allocated Grant :

2. Details of Students:

S. No.	Name of Student	Reg. No.	Course	Branch	Year	Team Leader/ Member

3. Detail of Consumable/ Non-Consumable Required for Project:(Format attached as Annexure- I).

4. Receiving amount for 1st time / > one time

(Please mention):

Date Amount

Date Amount

Date Amount

5. Proposal of Utilization of Grant (to be attached by team leader)

Total Grant received	
Grant already Utilized (Expenditure made)	
Grant available	
Proposed Amount required	



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APPLICATION FORM FOR RELEASING THE ADVANCE FOR DST SPONSORED STUDENT PROJECT

6. Bank Account details of Beneficiary (Applicant)

Student / Firm Details : _____

PAN No. : _____ Aadhar No.: _____

Bank Name : _____

Branch Address: _____

NEFT: A/c No. _____ IFSC Code: _____

Name of Applicant/Team Leader: _____

Signature of Applicant: _____ Date: _____

7. Verification & Approvals:

Recommendation by Guide (Hardcopy of all the document to be submitted to Guide for verification)	For Maximum Amount _____	Name _____ Signature _____ Date _____
Recommendation by HOD	For Maximum Amount _____	Name _____ Signature _____ Date _____
Recommendation by Dean		Name _____ Signature _____ Date _____
Consent for reimbursement by CF&AO		Name _____ Signature _____ Date _____
Approval by Pro-President / President		Name _____ Signature _____ Date _____



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GRANT UTILIZATION LEDGER FOR PROCESSING THE DST SPONSORED STUDENT PROJECT

Details of Consumable / Non-consumable

(To be submitted after completion of Project)

- 1) Total Grant received from DST (A) : _____
- 2) Grant amount reimbursed by PU (B) : _____
- 3) Remaining Grant Amount Available (C): _____

S. No	Date	Item	Expenditure Details			Total Balance Amount: D=C-B	Sign. of Guide	Sign. of HOD	Sign. of CF & AO	
			Name of Party	Bill attached						Amount (B)
				Bill No	Date					

Note : All the bills should be GST paid with GST number

Name of Applicant/Team Leader: _____

Signature of Applicant: _____

Date: _____



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FINAL ACCOUNT SETTLEMENT FORMAT

DST - Project No. Dated

1	Title / Name of Project					
2	Guided by					
3	Submitted by Students	1				
		2				
		3				
		4				
4	Budget & Utilisation					
	HEADS	Budget	Actual Expenditure	Permissible Lower of 2/3	Add Contingency	Net Payable
	1	2	3	4	5	6
a	Minor Equipment					
b	Consumables					
c	Report Writing					
d	Contingencies					
	Total					
5	Details of Bills					
#	Name of Firm Bill No and date			Head / Purchased item	Amount	
a						
b						
c						
d						
e						
	TOTAL					
	AMOUNT TO BE REMITTED BACK					
6	Payment to be made to (Undertaking obtained):					
	Name of Student	BANK	IFSC Code	Bank Account No	Amount	
a						
b						
c						
d						
	TOTAL					
7	We Confirm & Certify that:					
a	Project has been completed.					
b	Items of bills mentioned above, have been purchased & utilised for this project only.					
c	Bills have been signed by the Student(s) and also by Project Guide.					

Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____	Signature _____ Date _____
Team Leader	HOD	PROJECT GUIDE	Pro-President/ President



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LIST OF CONSUMABLES/ NON-CONSUMABLES REQUIRED FOR DST SPONSORED STUDENT PROJECT

- a) Name of Project :
- b) Total Project Cost :
- c) Project Starting Date :
- d) Project Completion Date :
- e) Grant received from DST :
- f) Grant issuing Date :

S. No.	Heads				Component / Material Name	Specification/Model with suggested name of supplier	No. of Units to be Purchased	Unit Cost (Approx)	Total Cost	Reason of Purchase
	Minor Equipments	Consumables	Report Writing	Contingencies						

Name of Applicant/ Team Leader: _____ Signature: _____

Above information verified by: _____ Date : _____

Name of Guide: _____ Signature: _____ Date _____

Name of HOD: _____ Signature: _____ Date _____

Name of Dean: _____ Signature: _____ Date _____