

TABULAR FORMAT FOR PROJECT & SHORT TERM APPOINTMENTS

NAME OF THE PROJECT:

DEPARTMENT:

DURATION:

Name,Emp.No. Designs & Qualifications	Date of first appt. in CMC	Basic +	Period of appt.	Existing Fund Name & Amount A/C No. Avail.	New Fund Name & Amount A/C No. Avail
				Rs.	Rs.

Name:

Emp. No.:

Designation:

Qualification:

Statement of Accounts from the
Treasurer's Office regarding
funds availability and the
same should be certified by them

Signature of the Treasurer

Signature of the Principal Investigator