**Forwarding Letter by the Head of Affiliating Institution/University**

**(on institution letter head)**

The In-charge,

Special Call Division

Indian Council of Social Science Research (ICSSR)

JNU Institutional Area

Aruna Asaf Ali Marg,

New Delhi - 110067

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the institution ) forwards the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the applicant), a permanent / retired employee, for ICSSR Research Project on **2nd Call for ICSSR Longitudinal Studies in Social and Human Sciences** .

We agree to administer the funds, provide basic research infrastructure facilities, and make available all its research facilities such as library, laboratory and other equipment and required office assistance for the smooth completion of the Research Project. We shall open, link and maintain a dedicated bank account duly registered at the PFMS portal for the release of the ICSSR Research Grant (Scheme Code-0877) without any delay.

If the scholar undertaking the ICSSR Research Project leaves our institution due to valid reasons, we would have no objection to the transfer of the Project to a new institution, subject to the approval of the ICSSR. The institution, however, shall be responsible for submitting the audited statement of accounts and utilisation certificate for the grant received and utilised. Overhead charges will be apportioned as per ICSSR rules.

On completion of the Project, the institution will ensure that all books/periodicals/equipment etc. purchased out of the project grant by the scholar are deposited with us as the affiliating institution. We would also acknowledge the receipt of books/periodicals/equipment etc. from ICSSR in our records or book entries, and communicate the same to ICSSR, New Delhi.

Signature of the Head of the Institution

 (with name and stamp)

Place: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of the applicant)

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_