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

The In-charge,

Research Projects (RP) Division

Indian Council of Social Science Research (ICSSR)

JNU Institutional Area

Aruna Asaf Ali Marg,

New Delhi - 110067

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the organization) forwards the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the applicant) for ICSSR Research Project.

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 short-term empirical Research Project. We shall open and maintain a dedicated bank account duly registered at PFMS portal for release of the ICSSR Research Grant (Scheme Code-0877) without any delay. (Please refer notification given on ICSSR website – [www.icssr.org](http://icssr.org/sites/default/files/important_notice/2019-PFMS-Notification.pdf)).

If the scholar undertaking the short-term empirical 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 Director of the Institute /

 Principal/ Registrar

 (with name and stamp)

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

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

(Signature of the applicant)

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