



**UNIVERSITY OF KERALA**  
THIRUVANANTHAPURAM – 695 034, KERALA, INDIA

AdF1/Department Award/ 2016-2017

Application for the ' Highest Research Grant Award Given to University Departments/Centres  
2016-2017'

|    |  |              |          |             |                         |
|----|--|--------------|----------|-------------|-------------------------|
| 1  | Name of the Department/Category  |              |          |             |                         |
| 2  | Name of the HOD  |              |          |             |                         |
| 3  | Funded by  | Central      | State    | UGC         | Other Approved Agencies |
|    |  |              |          |             |                         |
| 4  | Names of the Funding Agencies  |              |          |             |                         |
| 5  | Project Title  |              |          |             |                         |
| 6  | Duration of the Projects   | Start Date   | End Date | Total Years |                         |
|    |  |              |          |             |                         |
| 7  | Details of Sanction Orders of Funding Agency *                               | Order Number | Date     |             |                         |
|    |  |              |          |             |                         |
| 8  | Total Grant Sanctioned by the Funding Agencies for the Projects in 2016-2017 |              |          |             |                         |
| 9  | Amount Released to the University in 2016-2017                               |              |          |             |                         |
| 10 | Details of University Orders sanctioning the release of Grant *              | Order Number | Date     |             |                         |
|    |  |              |          |             |                         |
| 11 | Brief Summary of all the Projects. * (in 300 words)                          |              |          |             |                         |

It is certified that the information furnished above are correct

Place:

Signature:

Date:

Name:

Head of the Department/Centre

\* Copy / Details to be attached in separate sheet.

Seal