

4. Expected Outcome / Deliverable:

5. Declaration by Applicant:

I hereby declare that:

1. All the information provided above is true to the best of my knowledge.
2. I have read and understood the **Intra-Mural Grant Guidelines**.
3. I agree to abide by all institutional rules and financial procedures.
4. I understand that the grant shall be processed only on a reimbursement basis against valid and approved bills/invoices.
5. I accept that the decision of the Institute Management shall be final and binding.

Signature of Applicant: _____ **Date:** _____

6. Faculty / Mentor Endorsement

Name: _____

Designation: _____

Remarks / Recommendation: _____

Signature: _____ **Date:** _____

7. Screening Committee Remarks (For Office Use Only)

Recommended Not Recommended

Comments: _____

Signatures of Committee Members:

1. _____ 2. _____ 3. _____

8. Approval by Institute Management

Approved Not Approved

Sanctioned Amount (₹): _____

Remarks: _____

Signature & Seal of Competent Authority

Dr. B. Lal Institute of Biotechnology, Jaipur