

Project ID:

Activity ID:

PROFORMA FOR APPROVALS RELATED TO ACADEMIC-GRADUATE STUDIES AND RESEARCH DIVISION

**BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI
HYDERABAD CAMPUS**

Jawahar Nagar, Kapra Mandal, Hyderabad-500078, Medchal District

ACADEMIC-GRADUATE STUDIES AND RESEARCH DIVISION

Approval

Date:

To
The Associate Dean
Academic-Graduate Studies and Research Division

I would like to request your approval for the following and further necessary actions.

Fellowship Details:			
Student Name:		ID No.:	
Supervisor Name:		Department:	
Head of Account	Details (enclose documents)	Total (Rs)	
Important Note (If any):			

Signature of Supervisor

Signature of Student

AGSRD Office Purpose:

Head of Account	Released Amount/Unspent Balance	Current expenses	Balance
Forwarding remarks (If any):			

Approved/Not Approved

Associate Dean, AGSRD