THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY: PATIALA
Office of Dean, Faculty

APPLICATION FOR CONTINGENCY GRANT

BY C-I/C-II/Term/Research Faculty

Dated:

1	Name of Department/School	
2	Name of the Faculty Member (in block letters)	
3	Employee Code	
4	Mobile No.	
5	Date of Joining	
6	Purpose for Contingency required Characterization / testing & others.	**Mention the details (attach the required documents, if any)**
7	Already availed Contingency grant (in current financial year)	
8	**Required Amount**	
9	Total Amount (Already availed+current application amount)	
10	Signature of the faculty member	
11	Recommendation of Concerned HoD (Certify that faculty is not working in any project)	
12	Status of the faculty member (Is He / She working in any project?)	**Dealing Official Accounts (Projects)**
Approved **DEAN, FACULTY**		

Generated on July 24, 2025