C

QIP
Quality Improvement Programme

Office of the Coordinator
CURRICULUM DEVELOPMENT PROGRAMME
Indian Institute of Technology Guwahati

Project Completion Certificate

1. Name of the Author(s) :
(Please write your names in CAPITAL letters)

First Author (please start with surnames and leave a blank box between surname and you name)

Second Author (please write N.A. if not applicable)

2. Department(s) : _____

3. Title of the Project : _____

4. Project No. : **IIT/QIP/CDCell/** ☐☐-☐☐ / ☐☐ / ☐☐
(Please refer project proposal approval letter sent to you by the QIP Section.)

5. Amount: - (a) Sanctioned : Rs. ☐☐☐☐☐

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6. Date of: - (a) Sanction : Date. Month. Year. ☐☐ ☐☐ 2 0 ☐☐

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7. Certified that : (a) All the advances drawn have been settled along with the bills/vouchers. Also bills of all other payments are forwarded.

(b) Two copies of the manuscripts are submitted to the QIP office.

Date. Month. Year. ☐☐ ☐☐ 2 0 ☐☐

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Signature of Proposer

Comments of the QIP/CDP Coordinator : _____