




Bharath

INSTITUTE OF HIGHER EDUCATION AND RESEARCH
(Declared as Deemed - to - be - University under section 3 of UGC Act 1956)

ACCREDITED WITH 'A' GRADE BY NAAC

Fellowship / Grant Application Form

Sl. No	Content	Particular
1	Name of the Applicant	CHINTH NIDHI K
2	Designation	Assistant Professor
3	Name of the School	School of Medicine
4	Year of Submission	2018-2019
5	Submission Date	27.09.2018
6	Application Type	Individual
7	Nationality	Indian
8	Name of the Fellowship	Faculty Exchange Program
9	Stature of Fellowship	National
10	Awarding Agency	Hindustan Constructions
11	Duration	45 Days
12	Budget	Rs. 174144 /-
13	Remark	NA

Signature(s) : 

Name : CHINTH NIDHI K

Date : 27.09.2018




Approved By



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No Objection Certificate

Date: 27.09.2018

This is to certify that **CHINTH NIDHI K**, is working as Assistant Professor, School of Medicine, Bharath Institute of Higher Education and Research, deemed to be University, Chennai. CHINTH NIDHI K is interested in **Faculty Exchange Program**. The Institute has "No Objection" in his / her application for grant being considered for funding and his / her undertaking. This NOC is issued the purpose of receiving grant / Fellowship from **Hindustan Constructions**.


Dean

School of Medicine

BIHER





Ref: HCC / 2018 / 4215

Date: 28.09.2018

Dear CHINTH NIDHI K,

We are happy to inform you that your application for Grant of fund towards Faculty Exchange Program has been accepted and approve the sanction of amount.

We hereby confirm the particulars (as given by you) in the requisite format.

Name of the teacher : CHINTH NIDHI K
Designation : Assistant Professor
School : School of Medicine
Purpose of the Grant : Exchange Program
Sanction Amount : Rs. 174144 /-
Sanction Amount in Words : Rupees One Lacs Seventy Four Thousand One
Hundred Forty Four Only
Submission Ref No : BIHER / 2018-2019 / Fellow / 1615
Submission Date : 27.09.2018
Duration of the Fellowship : 45 Days

Following are the terms and conditions:

- The fund will be paid to the Institution which is responsible for Supervision with the guidance of the Mentor.
- The teacher is accountable for the Research activities, required to complete the project.
- You have to fulfill the necessary Requirements and submit the Evidence for Proof.

We wish you all success

Hindustan Constructions

Address: Door No. 1, 1ST Floor, Block 4, Mugappair (west), Chennai, Tamil Nadu
600 037 Website: www.hccindia.com



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Internal Review Report

Sl. No	Name of the Applicant	Particular
1	Name of the Applicant	CHINTH NIDHI K
2	Applicant Type	Individual
3	Designation	Assistant Professor
4	Name of the School	School of Medicine
5	Proposal Ref No.	BIHER / 2018-2019 / Fellow / 1615
6	Proposal	27.09.2018
7	Name of the Fellowship	Faculty Exchange Program
8	Stature of Fellowship	National
9	Awarding Agency	Hindustan Constructions
10	Year of Award	2018-2019
11	Duration	45 Days
12	Purpose of Grant	Exchange Program
13	Remark	NA


Dean
BIHER

