




# 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	<b>RAKESH MOHAN M</b>
2	Designation	Assistant Professor
3	Name of the School	School of Dentistry
4	Year of Submission	2018-2019
5	Submission Date	06.08.2018
6	Application Type	Individual
7	Nationality	Indian
8	Name of the Fellowship	<b>Advanced Research Training Programme</b>
9	Stature of Fellowship	National
10	Awarding Agency	<b>MINMAX Infosystems Systems Pvt ltd</b>
11	Duration	<b>10 Days</b>
12	Budget	<b>Rs. 179125 /-</b>
13	Remark	NA

Signature(s) 

Name : **RAKESH MOHAN M**

Date : **06.08.2018**



  
Approved By



**Bharath**  
INSTITUTE OF HIGHER EDUCATION AND RESEARCH  
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## No Objection Certificate

Date: 06.08.2018

This is to certify that **RAKESH MOHAN M**, is working as Assistant Professor, School of Dentistry, Bharath Institute of Higher Education and Research, deemed to be University, Chennai. **RAKESH MOHAN M** is interested in **Advanced Research Training Programme**. 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 **MINMAX Infosystems Systems Pvt Ltd**.

  
Dean

School of Dentistry  
BIHER





# Minimax

Date: 06.08.2018

Ref: MM / 1874 / 2018

To:

RAKESH MOHAN M,  
Assistant Professor,  
School of Dentistry,  
Bharath Institute of Higher Education & Research,  
Chennai – 600 073.

Respected Sir,

Regarding the approval of the proposal for the Advanced Research Training Programme

We are pleased to tell you that your request for funding the Research Program has been acceded after careful examination of its contents inclusive of the pieces of information apart from providing the data of the subsequent. You have been shortlisted to receive funding as part of the Advanced Research Training Programme. As a consequence of this, we are writing to inform you that the sum of Rs. 179125 /- [Rupees One Lacs Seventy Nine Thousand One Hundred Twenty Five Only] requested in your application (BIHER / 2018-2019 / Fellow / 2054 dt. 06.08.2018) has been authorized for utilization toward a Research Program that is scheduled for 10 Days.

If you want to accept the award and get paid for it, you need to make sure that the grant agreement is filled out correctly and that you send it back within two weeks. Instead of requiring you to pay for the fellowship out of your own money and then submitting a request for reimbursement, our fellowship payment option allows you to receive a direct stipend. This allows you to concentrate on your research without being distracted by concerns about money. In addition, once your fellowship has come to an end, you will be required to write and submit a report discussing your time spent there. Please send any relevant receipts, software, and images along with your report. Remember that you will be responsible for repaying that funding if you are forced to stop working on your project before it is completed.

We hope that everything works out well for you.



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## Internal Review Report

Sl. No	Name of the Applicant	Particular
1	Name of the Applicant	RAKESH MOHAN M
2	Applicant Type	Individual
3	Designation	Assistant Professor
4	Name of the School	School of Dentistry
5	Proposal Ref No.	BIHER / 2018-2019 / Fellow / 2054
6	Proposal	06.08.2018
7	Name of the Fellowship	Advanced Research Training Programme
8	Stature of Fellowship	National
9	Awarding Agency	MINMAX Infosystems Systems Pvt Ltd
10	Year of Award	2018-2019
11	Duration	10 Days
12	Purpose of Grant	Research Program
13	Remark	NA

  
Dean  
BIHER

