




# 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	LAVANYA T
2	Designation	Associate Professor
3	Name of the School	School of Medicine
4	Year of Submission	2018-2019
5	Submission Date	09.07.2018
6	Application Type	Individual
7	Nationality	Indian
8	Name of the Fellowship	Short Term Training Program
9	Stature of Fellowship	National
10	Awarding Agency	Pranav Communications Pvt Ltd
11	Duration	45 Days
12	Budget	Rs. 55898 /-
13	Remark	NA

Signature(s) : 

Name : LAVANYA T  
Date : 09.07.2018



  
Approved By



**Bharath**  
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## No Objection Certificate

Date: 09.07.2018

This is to certify that **LAVANYA T**, is working as Associate Professor, School of Medicine, Bharath Institute of Higher Education and Research, deemed to be University, Chennai. **LAVANYA T** is interested in **Short Term Training 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 **Pranav Communications Pvt Ltd**.

  
Dean

School of Medicine  
BIHER



# Pranav

Date: 16.07.2018

Dear LAVANYA T

**Sub: Approval of Short Term Training Program proposal – Reg.**

It is pleased to inform you that LAVANYA T, Associate Professor, School of Medicine, your application (BIHER / 2018-2019 / Fellow / 4254 dt. 09.07.2018), shortlisted for funding under the Short Term Training Program has received approval in the amount of Rs. 55898.00 [Rupees Fifty Five Thousand Eight Hundred Ninety Eight Only] for the purpose of Research Program for 45 Days duration.

As part of our fellowship Payment Option, you will receive your funding as a direct grant that will not require you to expend your own funds and request a reimbursement. In order to accept your grant and receive payment, you must complete the grant agreement and return them within two weeks. In addition, you will be required to fill out a report on your fellowship once your program is complete.

In addition to your Report, please provide:

Receipts, programs, images.

If you are unable to complete your project you will be required to repay the grant funds.

Sincerely



Pranav Communications Pvt. Ltd

Pranav Communications Pvt Ltd

NO. 29 TILAK STREET, T.NAAGAR CHENNAI 600017, T.NAAGAR CHENNAI 600017, Chennai 600

017, Tamil Nadu, INDIA

**PRANAV**



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## Internal Review Report

Sl. No	Name of the Applicant	Particular
1	Name of the Applicant	LAVANYA T
2	Applicant Type	Individual
3	Designation	Associate Professor
4	Name of the School	School of Medicine
5	Proposal Ref No.	<b>BIHER / 2018-2019 / Fellow / 4254</b>
6	Proposal	09.07.2018
7	Name of the Fellowship	<b>Short Term Training Program</b>
8	Stature of Fellowship	National
9	Awarding Agency	<b>Pranav Communications Pvt Ltd</b>
10	Year of Award	2018-2019
11	Duration	45 Days
12	Purpose of Grant	<b>Research Program</b>
13	Remark	NA

  
Dean  
BIHER

