



श्री माता वैष्णो देवी विश्वविद्यालय  
**SHRI MATA VAISHNO DEVI UNIVERSITY**

Kakryal, Katra-182320, Jammu & Kashmir  
Recognized under Section 2(f) & 12(B) of the UGC Act, 1956  
[registrar@smvdu.ac.in](mailto:registrar@smvdu.ac.in)

**UNDERTAKING**

I Dr./Mr./Ms. ...., working in School of ....., as  
....., have applied for grant of .....  
(School Lab Development Funds (SLDF)/ University Funds/ Travel head of Sponsored  
Research Project) from the Block Period ....., for the following  
purpose:

.....  
.....  
.....  
.....

I hereby authorize the finance wing to recover the excess amount if any, in case the actual  
expenses incurred exceed the grant sanctioned.

Signature of the Faculty Member

Name in full:

Date:

School:



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