**Forwarding Letter by the Head of Affiliating Institution/University**

***(Must be on institution letter head and must be in the same format)***

The In-charge,

Research Projects (RP) Division

Indian Council of Social Science Research (ICSSR)

JNU Institutional Area, Aruna Asaf Ali Marg,

New Delhi - 110067

The\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the organization) forwards the application of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**name, designation and department of the applicant**), a permanent / temporary / ad-hoc / retired employee of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the organization), for ICSSR (Major) Research Projects on Multi-Disciplinary Studies on Particularly Vulnerable Tribal Groups (PVTGs) of India (2025-26).

We agree to administer the funds, provide basic research infrastructure facilities, and make available all its research facilities such as library, laboratory and other equipment and required office assistance for the smooth completion of the Research Project. We shall open and maintain a dedicated bank account duly registered at PFMS portal / RBI account for release of the ICSSR Research Grant (Scheme Code-0877) without any delay. (Please refer notification given on ICSSR website – [www.icssr.org](http://icssr.org/sites/default/files/important_notice/2019-PFMS-Notification.pdf)).

If the Project Director or Co-Project Director leaves our institution due to valid reasons, we would assign a new members of the committee, subject to the approval of the ICSSR. The institution shall be responsible for submitting the audited statement of accounts and utilisation certificate for the grant received and utilised. Overhead charges will be apportioned as per ICSSR rules.

We acknowledge that the copyright for the project's outcomes will be vested in the ICSSR, and any publication or dissemination of the research findings will be solely at the discretion of the ICSSR.

Signature of the Director of the Institute /

 Principal/ Registrar/

 (with name and stamp)

Place: Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_