

Dated: \_\_\_\_\_

DEPARTMENT OF: \_\_\_\_\_

IAEC No \_\_\_\_\_

**ALL INDIA INSTITUTE OF MEDICAL SCIENCE**

**Sub: Transfer of Funds.**

A sum of Rs. \_\_\_\_\_ ( \_\_\_\_\_ )  
may please be transferred to the Central Animal Facility (CAF) from the head material & supply  
(consumable) of the following research project.

**Department as per detail given below:**

1. Name of the Research/Department Project: \_\_\_\_\_  
\_\_\_\_\_
2. Name of the Principal Investigator / Head: \_\_\_\_\_
3. Name of the Department: \_\_\_\_\_
4. Name of the Funding Agency (Scheme Cell/Department): \_\_\_\_\_  
\_\_\_\_\_

Sr. No.	Nomenclature	Amount	Remarks
1.	Animal Procurement		
2.	Maintenance Charge		
3.	Diet (Fresh, Dry & unroasted grams)		
4.	Others ( _____ )		
<b>Total Amount</b>			

Counter Signature of H.O.D  
(With Seal)

Signature of the Principal Investigator

Copy to:

1. Account Officer (Scheme Cell / Departmental)
2. F & FCO (Budget Section)

DEPARTMENT OF: \_\_\_\_\_

IAEC No \_\_\_\_\_

**ALL INDIA INSTITUTE OF MEDICAL SCIENCE**

**(INDENT FOR ANIMAL / DIET)**

INDENT No: \_\_\_\_\_

Dated: \_\_\_\_\_

Species of Animals / Kind of Diet	No. of Animals / Diet	Institute Work / Project

\* Kindly fill in the appropriate Certificate:

1. Certified that the Animals are required for Teaching & Diagnostic purposes and will not be used for any research work.

2. Certified that the Animals are required for \_\_\_\_\_

Research project entitled \_\_\_\_\_

Funded by \_\_\_\_\_ under \_\_\_\_\_

\_\_\_\_\_ (Name of the Investigator)

Signature of Indent  
Authority

Signature of H.O.D  
of the Dept.

Signature of Sanctioning  
Authority (CAF)