

FROM NO. 3CH

[See rule 6(5)]

**Order of approval of Scientific Research Programme under section 35(2AA)
of the Income-tax Act, 1961**

1. Name, Address and PAN of the sponsor
2. Name and address of the National Laboratory or University or Indian Institute of Technology
3. Title of the Scientific Research Programme
4. Purpose of the programme
5. Reference No. and date of the application
6. Date of commencement of the programme
7. Duration of the programme in months
8. Assessment year(s) for which the programme has been approved (not exceeding three *years*)
9. Total cost of the programme and payment terms
10. Any other conditions imposed by the prescribed authority, e.g., utilisation of patent rights and commercialisation of rights, etc.

Place :

Date:

.....

*(Signature of the Head of
the National Laboratory or
University or Indian
Institute of Technology)*

.....

(Name and Designation)

Order No.

Copy to:

(1) Sponsor;

(2) The Director General of Indian Council of Agricultural Research/Indian Council of Medical Research/Council of Scientific and Industrial Research/the Director General, Defence Research and Development Organisation/Secretary, Department of Electronics/Secretary, Department Of Bio-technology/Secretary, Department of Atomic (Energy) ;

(3) The Director General of Income-tax(Exemptions);

(4) *Secretary*, Department of Scientific and Industrial Research.

FORM NO. 3CI

[See rule 6(6)]

**Receipt of payment for carrying out scientific research under section 35(2AA)
of the Income-tax Act, 1961**

1. Name, address and Permanent Account Number of the sponsor
2. Amount paid (in figures and words)
3. (i) Mode of payment with particulars
(ii) Date of payment
4. Name of the research programme for which to be used
5. Approved cost of the programme
6. Date of commencement and duration of the programme
7. Assessment year(s) for which approved
8. Number of payments received so far, including this payment, towards this programme
9. Total amount of payment received towards this programme, so far, including this payment (in figures and words)
10. Prescribed Authority has approved this programme *vide* Order No.....dated.....issued from file No.....

Place.....

Date.....

.....

(Signature)

(Name and Designation)

(Name and Address of the National Laboratory
University or Indian Institute of Technology)

Serial No, of this Receipt.....