विश्वेश्वरय्या राष्ट्रीय प्रौद्योगिकी संस्थान, नागपुर
VISVESVARAYA NATIONAL INSTITUTE OF TECHNOLOGY, NAGPUR

Consultancy Project Completion Report

Date:

1. **Consultancy Project No(s):**

2. **Name of Project Coordinator (s):**

3. **Total Payments Received (Rs.) with Receipt Voucher Nos.:**

4. **Declarations**
   - ☐ There are no pending advances.
   - ☐ All the disbursements and expenditure are complete.

Signature of the Coordinator (s)

For Office Use

The Consultancy Project bearing the ID(s)_____ is/are closed hereby.

Name and Signature of the Office staff (Account Section)

Associate Dean (CII) **Dean (R & C)**