



**Rayat Shikshan Sanstha's  
Radhabai Kale Mahila Mahavidyalaya, Ahmednagar  
Ahmednagar - 414001.  
Maharashtra, India**

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**ACCEPTANCE CERTIFICATE FOR RESEARCH PROJECT**

**Name of Principal Investigator:**

**Date:**

**Title of the Project:**

1. The research project is not being supported by any other funding agency.
2. The terms and conditions related to the grant are acceptable to the Principal Investigator.
3. At present, I have no research project approved by Radhabai Kale Mahila Mahavidyalaya, Ahmednagar and the accounts for the previous project, if any have been settled.
4. (i) His/her date of birth is \_\_\_\_\_  
(ii) Age \_\_\_\_\_
5. The date of implementation of the project is \_\_\_\_\_

Principal Investigator

Principal

(Seal)

Chairman

Date:

Research Committee