



**COMSATS Research Grant Program (CRGP)  
FINAL PROGRESS REPORT (Technical & Financial)**

CUI Award Letter No.....

**[PI Name (*Edit & Type*) ]**

**[CoPI Name (*Edit & Type*) ]**

**[Title of Research Project (*Edit & Type*) ]**

**[Name of Department (*Edit & Type*) ]**

**[Name of CUI Campus (*Edit & Type*) ]**

***Please ensure with the Report following Documents:***

- 1. Copies of Stock Register if any*
- 2. Comments of HOD on Progress of Project*
- 3. Funds breakup as per award letter and Corresponding Utilization*
- 4. Endorsement of CUI Internal Auditor*

**Submit in confidence to ORIC, COMSATS University Islamabad,  
Principal Seat , Islamabad.**

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## 2. RESEARCH PROJECT SUMMARY.

Principal Investigator (PI)	
Co-Principal Investigator (CoPI)	
Title of the Research Project	
Project Start Date	
Duration	
Reporting Period	
Approved Budget	
Department	
University / Institute	

## 3. INTRODUCTION

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## 4. MATERIALS & METHODS USED.

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## 5. EXPERIMENTS.

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## 6. SAMPLING & MEASUREMENTS (if any).

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**7. ANALYSIS.**

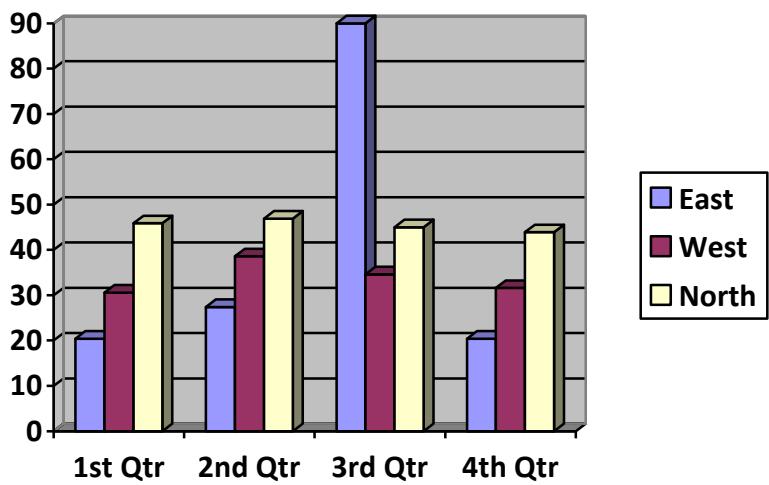
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**8. TABLES, GRAPHS & FIGURES.**

**9. RESULTS & DISCUSSIONS.**

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10. CONCLUSION (in line with Proposed Outcomes).

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11. REFERENCES.

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12. LIST OF PUBLICATIONS.

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13. LIST OF PERMANENT EQUIPMENT PURCHASED UNDER THIS PROJECT (Also Mention the Name of Lab where Permanent Equipment are installed + copy of Stock Register entry)

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14. MENTION NAME/DETAILS OF PRODUCTS DEVELOPED WITH THIS RESEARCH PROJECT

15. LIST OF CHEMICALS PURCHASED UNDER THIS PROJECT (ALONG WITH COPY STOCK REGISTER *ENTRY*)

Signature of Principal Investigator

Signature of Co-Principal Investigator

**16. AUDITED FINIANCIAL REPORT (PKR Millions).** *In case of balance amount, a crossed cheque in favor of CUI Principal Seat "must accompany the financial report.*

Budget Head & Code	Approved Budget (as per Award Letter)	Total Expenditure	Balance (If any)
A: Salaries (Including Honorarium)			
B: Permanent Equipment			
C: Expendable Supplies			
D1: Literature, Documentation			
D2: Travel / Research & Training			
D3: Miscellaneous			
E: Indirect Cost (University Overheads)			
<b>TOTAL</b>			

Name of PI: \_\_\_\_\_ Name of CoPI: \_\_\_\_\_

Name of HoD: \_\_\_\_\_ Signature of HoD: \_\_\_\_\_

**Campus Auditor's Verification:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**STAMP**