

| Details                         | 1 <sup>st</sup> year | 2 <sup>nd</sup> year | 3 <sup>rd</sup> year | Total        |
|---------------------------------|----------------------|----------------------|----------------------|--------------|
| Salary                          | 5,40,000=00          | 4,08,000=00          | 4,08,000=00          | 13,56,000=00 |
| Equipments                      |                      |                      |                      |              |
| Books & Journals                | 50,000=00            | 39,600=00            | 84,800=00            | 1,74,400=00  |
| Other Non-Recurring Expenditure | 4,77,000=00          | 24,400=00            |                      | 05,01,400=00 |
| Recurring Expenditure           | 5,00,000=00          | 6,00,000=00          | 5,79,200=00          | 16,79,200=00 |
| TA/DA                           | 2,50,000=00          | 3,00,000=00          | 3,00,000=00          | 08,50,000=00 |
| Institutional support           |                      |                      |                      |              |
| Miscellaneous expenses          |                      |                      |                      |              |
| Grant Total                     | 18,17,000=00         | 13,72,000=00         | 13,72,000=00         | 45,61,000=00 |

Since the scope of the work is extended to cover entire Andaman and Nicobar, Unmet budget / requirements may be met from Councils / Institute budget from time to time as approved by IMR – PEMC dated 16-3-2012.

Name and signature of the:

- a) Principal Investigator(s): Dr. Santosh S. Mane
- b) Co-Investigator(s):
  - 1. Dr. N. Shrikant, AD (Ayu.), CCRAS, New Delhi
  - 2. Dr. Mayur Y. Kamble, Scientist-C, BSI, Port Blair

Signature of the Head- CCRAS Institute

Name: Dr. Santosh S. Mane

Date:

Seal:

*(Signature)*  
 16.11.13  
 अनुसंधान अधिकारी प्रभारी  
 Research Officer IIC  
 स्वा. र. अ. म. (आयु.) / T.H.C.R.P. (Ay.)  
 आयुष अस्पताल / AYUSH Hosotal  
 पोर्ट ब्लेयर / Port Blair  
 आयुष संस्थान / A & N Islands.

Signature of the Head- Collaborating Institute

Name:

Date:

Seal:

LIST OF DOCUMENTS ENCLOSED

- 1.
- 2.
- 3.
- 4.
- 5.