

Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

NAAC Accredited 'A'

Finance and Accounts Section

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Aurangabad, 431 004  
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Web Site - [www.bamu.net](http://www.bamu.net)  
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Accounts Officer : 2403124  
Assitant Registrar (Acct.) : 2403125  
Asistant Registrar (Audit) : 2403155

[Office Tele. (Acct.): Grant: 2403126, Cash: 2403127, Bills: 2403128, Salary: 2403129, Cashbook: 2403130, Pub.: 2403131]

Ref. No. Acctts/Grants/2021-22/1531

Date: 20/09/2021

To,  
The Manager, Bank of Maharashtra  
University, Branch,  
Dr. Babasaheb Ambedkar  
Marathwada University, Aurangabad.

**Sub:** Request for Wire Transfer an amount worth EURO 11,685.20 to  
UNIVERSITY OF PELOPONNESE, GREECE

**Dear Sir:**

We wish to transmit the unused balance of EURO 11,685.20 (EURO Eleven Thousand Six Hundred Eighty Five only) to **UNIVERSITY OF THE PELOPONNESE, SPECIAL ACCOUNT FOR RESEARCH GRANTS, 28 ERITHROU STAVROU & KARIOTAKI STR. 22131 TRIPOLI - GREECE** with details as follows:

Beneficiary's Name: **UNIVERSITY OF THE PELOPONNESE - SPECIAL ACCOUNT FOR RESEARCH FUNDS**

Beneficiary's Account No.: **IBAN GR24 0172 5030 0055 0308 4301 094**

SWIFT Code: **PIRBGRAA**

Bank Name: **PIRAEUS BANK**

The expenditure towards the Wire Transfer may please be debited to the University Account No. 20060540515 (DEV & PROG. FUND) and the advice may please be sent accordingly.

Please arrange to do the needful.  
Thank you very much. With regards,

**Encl:**

1. A-2 Form
2. Form 15 CA
3. Form 15CB
4. Letter from Sponsoring Agency

*R. Srinivasan*  
Registrar  
Dr. Babasaheb Ambedkar  
Marathwada University  
Aurangabad-431004.

*Ah*  
*etc*

*20/9/2021*

*20.9.21*



Re-Submitted to Hon'ble Vice Chancellor,

It is submitted that, below placed a letter received from Prof. (Dr.) Vandana Hivrale, Director, Center for International Relations, of this university, has requested to refund the unspent balance (**11685.20 Euros**) under EQASA Project. **(Flag A)**

Prof.(Dr.) Vandana Hivrale, Director, Center for International Relations, has stated that under the EQASA Project for Center for International Relations, of our university, we have received an amount of 56,002.77 Euros. As per the Letter from EQASA Project Coordinator (Ref.No.13910/2021 dated 29/07/2021) through email, have advised our university to transmit the unused balance of **11,685.20 Euros before 05<sup>th</sup> August, 2021** to the University of the Peloponnese – Special Account for Research Funds, IBAN GR24 0172 5030 0055 0308 4301 094, BIC/SWIFT CODE: PIRBGRAA, Piraeus Bank. **(Flag B)**

University of the Peloponnese, released 56,002.77 Euros to our university, as per the bank details and accounts record Rs.43,35,828/- have been credited to University Account. The Director, Center of International Relations have submitted letter with the statement of Expenditure showing 11.685.20 Euros signed by Registrar, Dr.Babasaheb Ambedkar Marathwada University, Aurangabad & the concerned agencies letter regarding refunding the unspent amount 11.685.20 Euros (Copy Enclosed for Information)

As per the instructions of Hon'ble Vice-Chancellor, the bank details and record of Account Section, an amount of **Rs.43,35,828/-** have been received for EQASA from which amount of **Rs.31,43,885/-** (**Rs.31,35,155/- + Rs.8,730/-** = (Bank Service Charges)) has been utilized and **Rs.11,91,943/-** remains unspent. (Enclosed Statement of Expenditure) **(Flag C)**

It is therefore submitted that, the unspent amount of **11,685.20 Euros** will be transferred to the concerned agency/university after the submission of FORM A2 and FORM 15CA, FORM 15CB from the Director, Center for International Relations.


If approved, the process to refund the unspent amount for the EQASA project will be carried out as per the process.

Submitted for approval.

  
Accounts Officer

  
Finance & Accounts Officer

  
Hon. Vice Chancellor

  
Section Officer  
(Grants Unit)

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doc id - 61454  
T.d - 321843

A approved  
  
25 AUG 2021



FORM A2

(To be completed by the applicant)

(For payments other than imports of goods and remittances covering intermediary trade)

AD Code No. 0230285

Form No. \_\_\_\_\_

(To be filled in by the Authorised Dealer)

Currency \_\_\_\_\_ Amount \_\_\_\_\_ Equivalent to Rs. \_\_\_\_\_

(To be completed by the Authorised Dealer)

Application for Remittance Abroad

I/We Registrar, Dr Babasaheb Ambedkar Marathwada University  
(Name of applicant remitter)

PAN No \_\_\_\_\_

Address \_\_\_\_\_

authorize Krandi chowk Branch

(Name of AD branch)

To debit my Savings Bank/ Current/ R/C/ EFCC A/c No. \_\_\_\_\_ together with their charges and

\* a) Issue a draft: Beneficiary's Name \_\_\_\_\_ Address \_\_\_\_\_

\* b) Effect the foreign exchange remittance directly -

1) Beneficiary's Name University of Peloponnese

2) Name and address of the bank Piraeus Bank

3) Account No. IBAN GR 2401725030005503084301094

Swift Code: PERBGIRAA

\* c) Issue travellers cheques for \_\_\_\_\_

\* d) Issue foreign currency notes for \_\_\_\_\_

Amount (specify currency) \_\_\_\_\_

\*(Strike out whichever is not applicable) for the purpose/s indicated below

2) To be filled in by residents only if the remittance is made under LRS

Sr. No.	Whether under LRS (Yes/No)	Purpose Code	Description
		<u>Refund of grants Amount</u>	

Rajya wanshi  
Registrar  
Dr. Babasaheb Ambedkar  
Marathwada University  
Aurangabad-431004.

(3) Payment for import of services (Purpose Group Nos. 02, 03, 05, 06, 07, 08, 09, 10, 11, 15, 16 or 17), please indicate:

Name of the country providing ultimate services: \_\_\_\_\_

(Remitter should put a tick (✓) against an appropriate purpose code. In case of doubt/difficulty, the AD bank should be consulted)

o/c

Director  
Director  
Centre For International Relations  
Dr. Babasaheb Ambedkar Marathwada University,  
Aurangabad



**Declaration**  
(Under FEMA 1999)

1. I .....(Name), hereby declare that the total amount of foreign exchange purchased from or remitted through, all sources in India during the financial year including this application is as per the extant FEMA Regulations and certify that the source of funds for making the said remittance belongs to me and the foreign exchange will not be used for prohibited purposes / Foreign exchange purchased from you is for the purpose indicated above.

Details of the remittances made/transactions effected under the Liberalised Remittance Scheme in the current Financial Year (April-March).....

Sr. No.	Date	Amount	Name and address of AD branch/FFMC through which the transaction has been effected

Signature of the applicant

(Name)

Date:

**Certificate by the Authorised Dealer**

This is to certify that the remittance is not being made by/ to ineligible entities and that the remittance is in conformity with the instructions issued by the Reserve Bank from time to time under the Scheme.

Name and designation of the authorised official:

Stamp and seal

Signature:

Date

*Rajyashankar*  
**Registrar**  
**Dr. Babasaheb Ambedkar**  
**Marathwada University**  
**Aurangabad-431004.**

*[Handwritten signature]*





<b>Income-Tax Department</b>	<b>FORM NO. 15CA</b> (See rule 37BB) <b>Information to be furnished for payments to a non- resident not being a company, or to a foreign company</b>	<b>Ack. No.</b>
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**Part A**

(To be filled up if the remittance is chargeable to tax under the provisions of the Income-tax Act, 1961 and the remittance or the aggregate of such remittances, as the case may be, does not exceed five lakh rupees during the financial year)

	Name of remitter	
RE	PAN of the remitter (if available)	
MI	TAN of the remitter (if available)	
TT	Complete address, email and phone number of the remitter	
ER	Status of remitter <sup>1</sup>	
	Residential status of remitter <sup>2</sup>	
RE	Name of recipient of remittance	
MI	PAN of the recipient of remittance, if available <sup>3</sup>	
TT	Complete address, email <sup>4</sup> and phone number <sup>5</sup> of the recipient of remittance	
EE	Country to which remittance is made	
RE	Amount payable before TDS (In Indian Currency)	
	Aggregate amount of remittances made during the financial year including this proposed remittance	
MI	Name of bank	
TT	Name of the branch of the bank	
AN	Proposed date of remittance	
CE	Nature of remittance	
	Please furnish the relevant purpose code as per RBI	
	Amount of TDS	
	Rate of TDS	
	Date of deduction	

### VERIFICATION

I/We\*, \_\_\_\_\_ (full name in block letters), son/daughter of \_\_\_\_\_ in the capacity of \_\_\_\_\_ (designation) solemnly declare that the information given above is true to the best of my knowledge and belief and no relevant information has been concealed. I/We\* further undertake to submit the requisite documents for enabling the income-tax authorities to determine the nature and amount of income of the recipient of the above remittance as well as documents required for determining my liability under the Income-tax Act as a person responsible for deduction of tax at source.

Place: .....

.....  
Signature of the person responsible  
for paying to non-resident

Date: .....

.....  
Name and Designation of the person  
responsible for paying to non-resident

\* Delete whichever is not applicable.

<sup>1</sup> Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

<sup>2</sup> In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident

<sup>3</sup> In case of non-availability of PAN, provisions of section 206AA shall be applicable

4. If available

5. If available

### Part B

**(To be filled up if the remittance is chargeable to tax under the provisions of the Income-tax Act, 1961 and the remittance or the aggregate of such remittances, as the case may be, exceeds five lakh rupees during the financial year and an order certificate u/s 195(2)/ 195(3)/ 197 of Income-tax Act has been obtained from the Assessing Officer.)**

	Name of remitter	
RE	PAN of the remitter	
MI	TAN of the remitter <sup>1</sup>	
TT	Complete address, email and phone number of the remitter	
ER	Status of remitter <sup>2</sup>	
	Residential status of remitter <sup>3</sup>	
RE	Name of recipient of remittance	
MIT	PAN of the recipient of remittance, if available <sup>4</sup>	
TEE	Complete address, email <sup>5</sup> and phone number <sup>6</sup> of the recipient of remittance	

A.O.	Section under which order/certificate has been obtained		
OR	Name and designation of the Assessing Officer who issued the order/certificate		
DE	Date of order/certificate		
R	Order/ certificate number		
RE	Country to which remittance is made	Country: _____	Currency: _____
	Amount payable	In foreign currency: _____	In Indian Rs. _____
RE	Name of the Bank	Branch of the Bank	
MI	BSR Code of the bank branch (7 digit)		
TT	Proposed date of remittance		(DD/MM/YYYY)
AN	Nature of remittance as per agreement/ document		
CE	Please furnish the relevant purpose code as per RBI		
	Amount of TDS		
	Rate of TDS		
	Date of deduction		

**VERIFICATION**

I/We\*, \_\_\_\_\_ (full name in block letters), son/daughter of \_\_\_\_\_ in the capacity of \_\_\_\_\_ (designation) solemnly declare that the information given above is true to the best of my knowledge and belief and no relevant information has been concealed. I/We\* certify that a certificate/order under section 195(2)/195(3)/197 of the Income-tax Act, 1961 has been obtained, particulars of which are given in this Form. I/We\* further undertake to submit the requisite documents for enabling the income-tax authorities to determine the nature and amount of income of the recipient of the above remittance as well as documents required for determining my liability under the Income-tax Act as a person responsible for deduction of tax at source.

Place: .....

.....  
Signature of the person responsible for paying to non-resident

Date: .....

.....  
Name and Designation of the person responsible for paying to non-resident

\* Delete whichever is not applicable.

<sup>1</sup> In case TAN is applied for, please furnish acknowledgement number of the application.

<sup>2</sup> Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

<sup>3</sup> In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident.

<sup>4</sup> In case of non-availability of PAN, provisions of section 206AA shall be applicable.

<sup>5</sup> If available

<sup>6</sup> If available.

### Part C

(To be filled up if the remittance is chargeable to tax under the provisions of Income-tax Act, 1961 and the remittance or the aggregate of such remittances, as the case may be, exceeds five lakh rupees during the financial year and a certificate in Form No. 15CB from an accountant as defined in the *Explanation* below sub-section (2) of section 288 has been obtained)

Section A		GENERAL INFORMATION			
	Name of the remitter				
RE	PAN of remitter		Area Code	Range Code	
MI			AO Type	AO No	
TT	Principal Place of Business		TAN of remitter <sup>1</sup>		
ER	Complete address, email and phone number of the remitter				
	Status <sup>2</sup>		Residential status of remitter <sup>3</sup>		
	Name of recipient of remittance				
RE	PAN of recipient of remittance <sup>4</sup>				
MI	Status <sup>5</sup>				
TT	Address			Country to which remittance is made:	
EE					
	Principal place of business	Email address	(ISD code)- ( ) Phone Number		
AC	(a) Name of the Accountant <sup>6</sup> signing the certificate				
CO	(b) Name of the proprietorship/firm of the accountant				
UN	(c) Address				
TA	(d) Registration No. of the accountant				
NT	(e) Date of certificate (DD/MM/YYYY)				
	Certificate No. <sup>7</sup>				
A.O.	(a)	Whether any order/ certificate u/s 195(2)/ 195(3)/ 197 of Income-tax Act has been		(Tick) .... Yes .... No	

		obtained from the Assessing Officer.	
<b>OR DE R</b>	(b)	Section under which order/certificate has been obtained	
	(c)	Name and designation of the Assessing Officer who issued the order/certificate	N.A.
	(d)	Date of order/certificate	
	(e)	Order/ certificate number	

<b>Section B</b>		<b>PARTICULARS OF REMITTANCE AND TDS ( as per certificate of the accountant)</b>					
<b>RE MI TT AN CE</b>	1.	Country to which remittance is made	Country:		Currency:		
	2.	Amount payable	In foreign currency:		In Indian Rs.		
	3.	Name of the Bank	Branch of the Bank				
	4.	BSR Code of the bank branch (7 digit)					
	5.	Proposed date of remittance	(DD/MM/YYYY)				
	6.	Nature of remittance as per agreement/ document					
	7.	Relevant purpose code as per RBI					
	8.	In case the remittance is net of taxes, whether tax payable has been grossed up?	(Tick)	Yes	No		
<b>I.T. AC T</b>	9.	Taxability under the provisions of the Income-tax Act (without considering DTAA)					
	(a)	the relevant section of the Act under which the remittance is covered					
	(b)	the amount of income chargeable to tax					
	(c)	the tax liability					
<b>DT AA</b>	10.	If any relief is claimed under DTAA-(i) whether tax residency certificate is obtained from the recipient of remittance	(Tick)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(ii)	please specify relevant DTAA					
	(iii)	please specify relevant article of DTAA	Nature of payment as per DTAA				
	(iv)	taxable income as per DTAA	In Indian Rs.				
	(v)	tax liability as per DTAA	In Indian Rs.				
	A.	If the remittance is for royalties, fee for technical services, interest, dividend, etc., (not connected with permanent establishment) please indicate:-	(Tick)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	(a)	Article of DTAA					
	(b)	Rate of TDS required to be deducted in terms of such article of the applicable DTAA	As per DTAA (%)				
B.	In case the remittance is on account of						



	business income, please indicate:-	(Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(a) The amount of income liable to tax in India		
	(b) The basis of arriving at the rate of deduction of tax.		
	C. In case the remittance is on account of capital gains, please indicate:-	(Tick) <input type="checkbox"/> Yes <input type="checkbox"/> No	
	(a) amount of long term capital gains		
	(b) amount of short-term capital gains		
	(c) basis of arriving at taxable income		
	D. In case of other remittance not covered by sub-items A, B and C	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	(a) Please specify nature of remittance		
	(b) Whether taxable in India as per DTAA		
	(c) If yes, rate of TDS, required to be deducted in terms of such article of the applicable DTAA		
	(d) if not, please furnish brief reasons thereof specifying relevant article of DTAA		
<b>TDS</b>	11. Amount of tax deducted at source	In foreign currency	
		In Indian Rs.	
	12. Rate of TDS	As per Income-tax Act (%) or As per DTAA (%)	
	13. Actual amount of remittance after TDS Date of deduction of tax at source, if any	In foreign currency (DD/MM/YYYY)	

#### VERIFICATION

I/We\*, \_\_\_\_\_ (full name in block letters), son/daughter of \_\_\_\_\_ in the capacity of \_\_\_\_\_ (designation) solemnly declare that the information given above is true to the best of my/our\* knowledge and belief and no relevant information has been concealed. I/We\* certify that a certificate has been obtained from an accountant, particulars of which are given in this Form, certifying the amount, nature and correctness of deduction of tax at source. In case where it is found that the tax actually deductible on the amount of remittance has not been deducted or after deduction has not been paid or not paid in full, I/We\* undertake to pay the amount of tax not deducted or not paid, as the case may be, along with interest due. I/We\* shall also be subject to the provisions of penalty for the said default as per the provisions of the Income-tax Act, 1961. I/We\* further undertake to submit the requisite documents for enabling the income-tax authorities to determine the nature and amount of income of the recipient of the above remittance as well as documents required for determining my/our liability under the Income-tax Act, 1961 as a person responsible for deduction of tax at source.

Place: .....

.....  
Signature of the person responsible for paying to non-resident

Date: ..... Name and Designation of the person responsible for paying to non-resident

\* Delete whichever is not applicable.

<sup>1</sup>In case TAN is applied for, please furnish acknowledgement number of the application.

<sup>2</sup> Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

<sup>3</sup> In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident.

<sup>4</sup>In case of non-availability of PAN, provisions of section 206AA shall be applicable.

<sup>5</sup> Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

<sup>6</sup>Accountant shall have the meaning as defined in Explanation below sub-section (2) of section 288 of the Income-tax Act, 1961.

<sup>7</sup>Please fill the serial number as mentioned in the certificate of the accountant.

**Part D**

**[To be filled up if the remittance is not chargeable to tax under the provisions of the Income-tax Act, 1961 {other than payments referred to in rule 37BB(3)} by the person referred to in rule 37BB(2)]**

RE	Name of the remitter		Dr. Babasaheb Ambedkar Marathwada University			
	PAN of the remitter, if available		AAAAID0524A			
MI	TAN of the remitter, if available		NSKD01862A			
TT	Complete address, email and phone number of the remitter		University Campus, Aurangabad			
ER	Status of remitter <sup>1</sup>		Others			
	Residential status of the remitter <sup>2</sup>		Resident			
RE	Name of recipient of remittance		University of the Peloponnese			
MI	PAN of the recipient of remittance, if available					
TT	Complete address, email <sup>3</sup> and phone number <sup>4</sup> of the recipient of remittance		Special Account for Research Grants, 28, Erithrou Stavrou & Kariotaki STR. 22131, Tripoli - Greece			
EE	Country to which remittance is made Country:		Currency: EURO			
	Country of which the recipient of remittance is resident, if available		GREECE			
RE	Amount payable	In foreign currency: EURO 11,685.20	In Indian Rs. 10,08,117.36/-			
MI	Name of the bank	BOM	Name of the branch of the bank	University Branch, Aurangabad		
TT	BSR code of the bank branch (7 digit)		0	2	3	0 1 4 7
AN	Proposed date of remittance		(DD/MM/YYYY) 20/09/2021			
CE	Nature of remittance		Refund of Unspent Grant			
	Please furnish the relevant purpose code as per RBI		Other -			

2. I certify that I have reason to believe that the remittance as above is not chargeable under the provision of Income-tax Act 1961 and is not liable for deduction of tax at source.



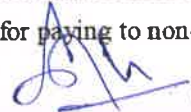


**VERIFICATION**

I/We\*, MR. P. S. JADHAV (full name in block letters), son/daughter of Shivajirao Jadhav in the capacity of I/C. Finance & Accounts Officer (designation) solemnly declare that the information given above is true to the best of my/our\* knowledge and belief and no relevant information has been concealed. In a case where it is found that the tax actually deductible on the amount of remittance has not been deducted or after deduction has not been paid or not paid in full, I/We\* undertake to pay the amount of tax not deducted or not paid, as the case may be, along with interest due. I/We\* shall also be subject to the provisions of penalty for the said default as per the provisions of the Income-tax Act, 1961. I/We\* further undertake to submit the requisite documents for enabling the income-tax authorities to determine the nature and amount of income of the recipient of the above remittance as well as documents required for determining my/our\* liability under the Income-tax Act as a person responsible for deduction of tax at source.

Place: Aurangabad

Signature of the person responsible for paying to non-resident



Date: 20/09/2021

Name and Designation of the person responsible for paying to non-resident

**Finance & Accounts Officer**  
**Dr. Babasaheb Ambedkar**  
**Marathwada University**  
**Aurangabad-431004.**

\* Delete whichever is not applicable.

1 Write 1 if company, write 2 if firm, write 3 if individual and write 4 if others.

2 In case of company, write 1 if domestic company, write 2 if foreign company, in case of person other than company, write 3 if resident, write 4 if non-resident.

3 If available.

4 If available.

**Registrar**

**Dr. Babasaheb Ambedkar**  
**Marathwada University**  
**Aurangabad-431004.**

For Office Use only

For Office Use Only

Receipt No. ....

Date .....

Seal and Signature of receiving official





**Form No. 15CB**

(See rule 37BB)

**Certificate of an accountant<sup>1</sup>**

I/We\* **Sunil Ramrao Salunke** have examined the agreement (wherever applicable) between **Mr./Ms./M/s.Dr.Babasaheb Ambedkar Marathwada University, Aurangabad** and **Mr./Ms./M/s\*UNIVERSITY OF THE PELOPONNESE (Remitters)(Beneficiary)** requiring the above remittance as well as the relevant documents and books of account required for ascertaining the nature of remittance and for determining the rate of deduction of tax at source as per provisions of Charter- XVII-B.

We hereby certify the following :-

A	Name and address of the beneficiary of the remittance		University of The Peloponnese, Special Account for Research Grants, 28 Erithrou Stavrou & Kariotaki STR, 22131 Tripoli-Greece			
	B	1	Country to which remittance is made	Country: Greece	Currency: EUR	
		2	Amount payable	In foreign currency : 11685.20 EUR	In Indian Rs.10,08,117.36/-	
		3	Name of the Bank	BANK OF MAHARASHTRA	Branch of the bank	UNIVERSITY BRANCH
		4	BSR Code of the bank branch (7 digit)	0	2 3 0 1 4 7	
		5	Proposed date of remittance	20/09/2021		
		6	Nature of remittance as per agreement/document	Refund of Unspent Research Grant		
		7	In case the remittance is net of taxes, whether tax payable has been grossed up?	(Tick) Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
		8	Taxability under the provisions of the Income-tax Act (without considering DTAA)	N.A.		
			(a) the relevant section of the Act under which the remittance is covered			
			(b) the amount of income chargeable to tax			
			(c) the tax liability			
			(d) basis of determining taxable income and tax liability			
		9	If any relief is claimed under DTAA -			
			(i) whether tax residency certificate is obtained from the recipient of remittance	(Tick) Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
			(ii) please specify relevant DTAA			
			(iii) please specify relevant article of DTAA	Nature of payment as per DTAA N.A.		
			(iv) taxable income as per DTAA	In Indian Rs.		
			(v) tax liability as per DTAA	In Indian Rs.		
			A. If the remittance is for royalties, fee for technical services, interest, dividend, etc. (not connected with	(Tick) Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	

permanent establishment) please indicate:-		
(a) Article of DTAA		
(b) Rate of TDS required to be deducted in terms of such article of the applicable DTAA	As per DTAA (%)	N.A.
B. In case the remittance is on account of business income, please indicate:-	(Tick) Yes	No <input checked="" type="checkbox"/>
(a) The amount of income liable to tax in India		
(b) The basis of arriving at the rate of deduction of tax		N.A.
C. In case the remittance is on account of capital gains, please indicate:-	(Tick) Yes	No <input checked="" type="checkbox"/>
(a) amount of long term capital gains		
(b) amount of short-term capital gains		
(c) basis of arriving at taxable income		N.A.
D. In case of other remittance not covered by sub-items A, B and C	(Tick) Yes	No <input checked="" type="checkbox"/>
(a) Please specify nature of remittance	Refund of Unspent Research Grant	
(b) Whether taxable in India as per DTAA	No	
(c) If yes, rate of TDS required to be deducted in terms of such article of the applicable DTAA		
(d) if not, the please furnish brief reasons thereof specifying relevant article of DTAA	Refund of Unspent Research Grant	
10 Amount of TDS	In foreign currency =0	
	In Indian Rs. 0.00	
11 Rate of TDS	As per Income-tax Act (%)	
	Or	
	As per DTAA (%)	
12 Actual amount of remittance after TDS	In foreign currency 11,685.20 EURO	
13 Date of deduction of tax at source, if any	No TDS	

Certificate No.<sup>2</sup>

0 0 0 0 5

Signature :

Name: Sunil Ramrao Salunke

Name of the proprietorship/ firm : Sunil Salunke & Associates

Address : Laxmi Sankul, 5-6-3, First Floor, Near Sant Eknath Rang Mandir, Osmanpura, Aurangabad

Registration No. : 105421

For SUNIL SALUNKE & ASSOCIATES  
CHARTERED ACCOUNTANTS

20/9/21

M.NO. 105421

PROPRIETOR

1 To be signed and verified by an accountant (other than an employee) as defined in the Explanation below sub-section (2) of section 288 of the Income-tax Act, 1961.

2 Certificate number is an internal number to be given by the Accountant.

\* Delete whichever is not applicable.



UNIVERSITY OF THE PELOPONNESE  
SPECIAL ACCOUNT FOR RESEARCH GRANTS  
28 ERITHROU STAVROU & KARIOTAKI STR.  
22131 TRIPOLI - GREECE ✓  
Tel: +30 2710 372 130  
E-mail: elke@uop.gr

Tripoli, 29.07.2021  
Reference Number: 13910/2021

To: BAMU University – International Relations Office  
Auguraband - India  
Attn: Prof. Vandana Hivrale

RE: Audit of the EQASA Project Nr 574078-EPP-1-2016-1-EL-EPPKA2-CBHE-JP / UoP Ref: 0301

Dear Sirs,

This is to inform you that the audit of the above project is at its final stages.

BAMU University received a total of Euros 56 002,77 towards the project (transfers on 5/05/2017 12.113,63, on 24/04/2018 21.535,36, on 26/06/2019 3.000 and on 28/08/2019 19.353,78). You declared costs of 39.087,14 which were all accepted by the Agency.

In order to finalize the project please transmit the unused balance of 11.685,20 Euros to the following account,

University of the Peloponnese – Special Account for Research Funds  
IBAN GR24 0172 5030 0055 0308 4301 094  
BIC/SWIFT CODE: PIRBGRAA  
Piraeus Bank

Please quote on the transfer the reference nr of the University of the Peloponnese – 0301 to facilitate tracing of the funds. You are kindly requested to acknowledge receipt of this letter and respond prior to August 10<sup>th</sup> when the UoP Research Committee will close for summer vacations.

Best Regards,

THE CHAIRMAN OF THE RESEARCH COMMITTEE  
OF THE UNIVERSITY OF THE PELOPONNESE

PROFESSOR ZYGA SOFIA  
VICE RECTOR OF RESEARCH AND LIFELONG EDUCATION

  
ASS.PROF. YIOULI PAPADIAMANTAKI  
EQASA COORDINATOR



**DR. BABASAHEB AMBEDKAR MARATHWADA UNIVERSITY**  
**AURANGABAD – 431004, MAHARASHTRA (INDIA)**  
**RE-ACCREDITED WITH 'A' GRADE**

**CENTRE FOR INTERNATIONAL RELATIONS**

Director : 0240-2403301  
Office Telephones : 2403302  
Telegram : BAMUSITY  
Website: [www.bamu.ac.in](http://www.bamu.ac.in)  
E-mail : [director.cir@bamu.ac.in](mailto:director.cir@bamu.ac.in)



**PROF. (DR.) VANDANA HIVRALE**  
**DIRECTOR,**  
Centre for International Relations  
UNIVERSITY CAMPUS,  
AURANGABAD-431 004  
(Maharashtra) INDIA

Ref. No. /CIR/ 2021/117

Dated : 21.09.2021

To,  
The Finance & Accounts Officer,  
Dr. Babasaheb Ambedkar Marathwada University, Aurangabad

**Subject :- Request to transmit the unused balance amount of Euro 11,685.20 under the EQASA Project**

Dear Sir,

This is in reference with the subject cited above, I would like to inform you that we have received a total amount of Euro 56,002.77 under EQASA Project for Centre for International Relations. As per the letter from EQASA Project Coordinator (Ref.No. 13910/2021 dated 29.07.2021) through email, we are advised to transmit the unused balance amount of Euro 11,685.20. Following are the details of amount received and expenses thereby under the same:

Sr. No.	Grants Received from EQASA to BAMU (Amount in Euros)	Expenses incurred under granted amount from EQASA (Amount in Euros)	Unused Balance Amount to be sent (Amount in Euros)
1.	12,113.63 Euros Dated 05.05.2017	44,152.57 Euros	11,685.20 Euros
2.	21,535.36 Euros Dated 24.04.2018		
3.	3,000 Euros Dated 26.06.2019		
4.	19,353.78 Euros Dated 28.08.2019		
	<b>Total Sanctioned : 56,002.77 Euros</b>		

I am herewith forwarding you the draft of letter to bank, Form A-2, Form 15CA and 15CB with letter from sponsoring agency to transmit the unused balance amount. You are requested to kindly transmit the unused balance amount by considering the timely Euro rates.

Thanking you,

o/c

  
Director,  
Centre for International Relations  
Director  
Centre For International Relations  
Dr. Babasaheb Ambedkar Marathwada University,  
Aurangabad

TID: 337034





Date:- 20.9.2021

To,  
The Manager, Bank of Maharashtra  
Kranti Chowk, Branch,  
Aurangabad.

**Sub:** Request for Wire Transfer an amount worth Euro 11685.20  
to UNIVERSITY OF PELOPONNESE, GREECE

**Sir,**

I am forwarding herewith an application for Wire Transfer an amount of Euro 11685.20 in favour of UNIVERSITY OF THE PELOPONNESE - SPECIAL ACCOUNT FOR RESEARCH FUNDS duly completed in all respect please process this immediately.

The expenditure may be debited from the University Account No. [20060540515] and send the advice accordingly.

Thank you very much. With regards,

Signature

**Encl:**

1. Form-A2

