Proforma for Utilization Certificate (U.C.)
For the Financial Year …… (ending March ….)

1.   Title of the Project/ Scheme:

2.   Name of the Institution:

3.   Principal Investigator:

4.   MNRE Sanction order No & date of sanctioning
       the Project:

5.   Amount brought forward from the previous
       Financial year, if any:
           i. Amount:
           ii. Sanction Letter No.:
           iii. Date:

6.   Amount received during the financial year:
           i. Amount:
           ii. Sanction Letter No.:
           iii. Date:

7.   Total amount that was available for expenditure   Rs.
       (excluding commitments) during the financial year
       (Sr. No. 5+6):

8.   Actual Expenditure (excluding commitments)   Rs.
       Incurred during the financial year (upto 31st March)

9.   Balance amount available at the end of the financial year:

10.   Unspent balance refunded, if any (please give details of ECS/ crossed Demand Draft
etc.):

11.   Amount to be carried forward to the next financial year (if applicable):

12.   **Certificate:**

(a)   Certified that out of Rs._____ of grants-in-aid sanctioned during the year

_____ in favour of _____ under this Ministry/

Department letter/ order no. _____ dated ____ and Rs. _____ on account of

unspent balance of the previous year, a sum of Rs. _____ has been utilized for the

purpose of _____ for which it was sanctioned and that the balance of Rs.

_____ remaining utilised at the end of the year has been surrendered to Government (vide ECS/ crossed Demand Draft no. _____ dated _____) will be adjusted towards the grants-in-aid payable during the next year i.e. _____ .

Signature of PI	Signature of Registrar/ Signature of Head	Accounts Officer
	Seal	Seal
Date	Date	Date

(b)   Certified that I have satisfied that the conditions on which the grants-in-aid was sanctioned have been fulfilled/ are being fulfilled and that I have exercised the following checks to see that the amount was actually utilised for the purpose for which it was sanctioned:-

Kinds of checks exercised:
1.
2.
3.
4.
5.

Principal Investigator:

Date: Signature:

Designation:

Head   of   Organization/ Administration:

Date: Signature

Designation:

Seal