

Name of the Institute:

UTILISATION CERTIFICATE FOR THE FINANCIAL YEAR

Name of the Scheme under which the amount was sanctioned under the **Pradhan Mantri Kaushal Vikas Yojna by Technical Institutions for the session 2016-17 (Phase-I).**

(to be submitted separately for each sanction order)

Sl. No	AICTE Sanction Order/Letter No. & Date under which the amount was sanctioned	Amount (Rs.)	
		Rs..... (Rupees.....Only)	Certified that out of Grant-in-Aid of Rs..... (Rupees----- Only) sanctioned by the AICTE during the financial year ----- in favour of as per letter mentioned in column 2 and Rs. ___ on account of unspent balance of previous year, Rs. ___ has been utilized for the purpose for which it was sanctioned and the balance of Rs. ___ remained unutilized at the end of the year.

Certified that I have satisfied myself that the conditions on which the amount was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:-

1. Audited Annual Accounts of the Institute
2. Receipt and Payment account
3. Periodical Progress Reports.

Signature of Chartered Accountant

Name of Chartered Accountant

Membership No.:

Full Address with Seal

(Mandatory for Self Financing Institutes)

Signature of the Finance Officer

Name & Designation

Name of the Finance Officer

Full Address with Seal

(Govt. Aided/University & wherever applicable)

Place:

Date:

Signature of Head of the Institute

Name & Designation

Full Address with Seal

Note: Each page should be signed by all the concerned

FORMAT FOR RECEIPT AND PAYMENT ACCOUNT

Sl. No.	Receipt	Amount (Rs.)	Amount (Rs.)	Sl. No.	Payments	Amount (Rs.)	Amount (Rs.)
1	To Opening Balance			1	Pradhan Mantri Kaushal Vikas Yojna by Technical Institutions (for the session 2016-17 (Phase-I)		
2							
3							
					Closing Balance		
	Grand Total				Grant Total		

Signature of Chartered Accountant

Signature of Head of the Institute

Name of Chartered Accountant

Name & Designation

Membership No.:

Full Address with Seal

Full Address with Seal

(Mandatory for self Financing Institute)

Signature of the Finance Officer

Name & Designation

Name of Finance Officer:

Full Address with Seal

(Govt. Aided University & wherever applicable)

