

Instructions for Institutes for claiming 2nd Installment on AICTE portal under PMKVY-TI for the AY 2017-18

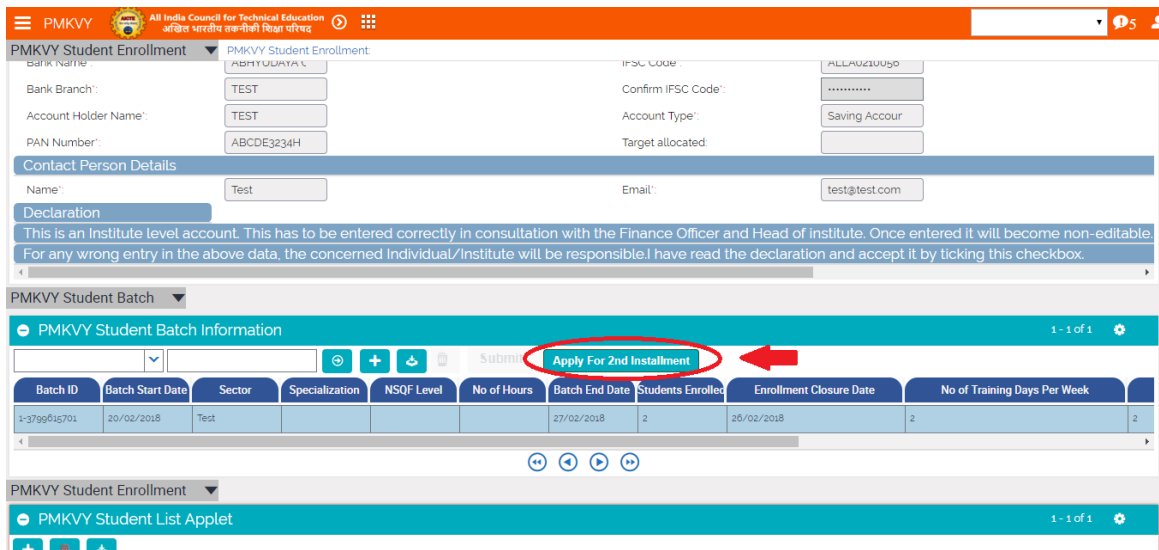
RELEASE OF GRANT

The **2nd installment** of Grant will be released on utilization of 70% of the first instalment and continuation of training with at least 70% of initial trainees.

All institutes are required to **update** the status of students continuing under PMKVY-TI on AICTE portal and attach a copy of the Utilization Certificate. Also, submit the original copy of Utilization Certificate by post to AICTE HQ's duly signed by the Principal/Director of the institute and verified by the Chartered Accountant. Any amount earned as Interest has also to be mentioned in the UC. The Performa of Utilization Certificate is attached as **Annexure 'A'**.

Steps to be followed:

1. After logging into the AICTE Portal, under PMKVY-TI Tab for AY 2017-18, the Institutes are required to click on the button **"Apply for 2nd Installment"**. Please ensure that you click the button for 2nd Installment individually for every batch for claiming the grant.



The screenshot displays the PMKVY Student Enrollment form on the AICTE portal. The form includes fields for Bank Branch (TEST), Account Holder Name (TEST), PAN Number (ABCDE3234H), IFSC Code (ALL02200050), Confirm IFSC Code (.....), Account Type (Saving Account), and Target allocated. Below these are Contact Person Details (Name: Test, Email: test@test.com) and a Declaration section. A red circle highlights the 'Apply For 2nd Installment' button, with a red arrow pointing to it. Below the form is a table for PMKVY Student Batch Information.

Batch ID	Batch Start Date	Sector	Specialization	NSQF Level	No of Hours	Batch End Date	Students Enrolled	Enrollment Closure Date	No of Training Days Per Week
1-3799015701	20/02/2018	Test				27/02/2018	2	26/02/2018	2

2. Next move to the PMKVY Student List Applet, scroll to the right end and look for the column **"Student Continuing"**. Fill the details Yes/No from the drop-down for each Student.

PMKVY Student Enrollment

PMKVY Student List Applet

Home District of the student	Country	Pincode	Student Eligible Yes/No	Student Continuing	Students appearing for Assessment	Result	Student Placed
IMABAI NAGAR (KANPUR DEHAT)	India	209307	Yes	<input type="checkbox"/>			
IMABAI NAGAR (KANPUR DEHAT)	India	208001	Yes	<input type="checkbox"/>			
JTEHPUR	India	212555	Yes	<input type="checkbox"/>			
UNPUR NAGAR	India	208006	Yes	<input type="checkbox"/>			
IMABAI NAGAR (KANPUR DEHAT)	India	208001	Yes	<input type="checkbox"/>			
IMABAI NAGAR (KANPUR DEHAT)	India	209305	Yes	<input type="checkbox"/>			
JAMGARH	India	275122	Yes	<input type="checkbox"/>			
UNPUR NAGAR	India	208017	Yes	<input type="checkbox"/>			
IMABAI NAGAR (KANPUR DEHAT)	India	209204	Yes	<input type="checkbox"/>			
IMABAI NAGAR (KANPUR DEHAT)	India	209204	Yes	<input type="checkbox"/>			

Attachments

Document Type	Attachment Name	Size (In Bytes)	Type	Date
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- Upload a copy of Utilization Certificate duly signed by the Principal/Director of the institute and verified by the Chartered Accountant under Institute Attachment tab.

PMKVY Student Enrollment

PMKVY Student Batch Information

Batch ID	Batch Start Date	Sector	Specialization	NSQF Level	No. of Hours	Batch End Date	Students Enrolled	Enrollment Closure Date	No. of Training Days Per Week
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PMKVY Student Enrollment

PMKVY Institute Attachment

Student ID	Title	First Name	Middle Name	Last Name	Mother's Name	Father's Name	Landline No.	Mobile Number	Gender	Date of Birth	Sector
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- Lastly, at the bottom of the page, find the tab for "**Declaration**", click on the checkbox and enter the details such as Date, Name of the Principal/ Nodal Officer & Designation to finally submit all the details.

Attachments

No Records

Document Type	Attachment Name	Size (In Bytes)	Type	Date
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Declaration

1 of 1

I hereby declare that the details filled are complete and correct to the best of my knowledge and belief.

Date:

Name:

Designation:

Further information is available at: www.aicte-india.org/schemes/other-schemes/pmkvy/pmkvy_2017-18
 For any queries or assistance, drop a mail to: pmkvy-ti@aicte-india.org or call 011-29581031/32/33/12.

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 Vikas Yojana for Technical Institutes (PMKVY-TI) Scheme.**

(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.....(A)* (Rupees.....Only)	Certified that out of Grant-in-Aid of Rs...(A)*..... (Rupees----- Only) sanctioned by the AICTE during the financial year ----- in favour of as per letter mentioned in column 2 and Rs. (B)* on account of unspent balance of previous year, Rs. -(C)* has been utilized for the purpose for which it was sanctioned and the balance of Rs. (D)* 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

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:

A*: Amount released by the Council under PMKVY-TI

B*: Any unspent balance from the previous Grant released under the Scheme (to be filled at the time of 2nd instalment onward)

C*: Actual amount spent

D*: Unspent balance (including interest earned)

FORMAT FOR RECEIPT AND PAYMENT ACCOUNT

Sl. No.	Receipt	Amount (Rs.)	Sl. No.	Payments	Amount (Rs.)
1	To Opening Balance	A*	1	Expenditure (Head wise)	B*
2					
3					
				Closing Balance	C*
	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)

A*: Unspent Balance of previous Grant (if any)

B*: Expenditure incurred on different heads

C*: (A-B)

