

FORMAT
for
Project Completion Report for IDEA Lab

File No. : _____

(As mentioned in sanction letter)

Date of Sanction: _____

1. Project Coordinator :

(Name and address)

2. Date of Appoinment of the Project Coordinator :

3. Duration of the Project :

4. Amount Sanctioned by AICTE :

5. Amount Released by AICTE :

6. Details of Expenditure :

A. NON-RECURRING

(Can be downloaded from IDEA Lab Portal from the Financial Contribution and Expenditure and should reconcile with the expenditure.)

	List of Equipment Procured	Quantity	Cost	*Serial Number with reference to the Scheme document
	Total			

*Kindly justify the Equipment, if not in the list.

2. Recurring (Events, Service charges, etc.)

S. No.	Events	Number of Events Performed	Cost
	Total		

Gross Total (A and B) _____

3. Future Plans for utilizing the equipment's and/or facilities :

4. Whether there is any Deviation from the Purpose for which :
Grant was Released. If so, Details of Amount to be Given

5. Has this Program Augmented the Facilities of your :
Institute/ Department. (If so, please describe in 100 words)

6. Academic Application of the Equipment Procured, if any :

7. Whether the equipment have been added on the I-STEM portal? If yes, How many?

Project Coordinator
(Signature and Seal with date)

Hol/Registrar/Director/Principal
(Signature and Seal with date)

ANNEXURE

FORMAT

for

UTILIZATION CERTIFICATE

Sanction Letter No.

Date:

A. NON-RECURRING

(Can be downloaded from IDEA Lab Portal from the Financial Contribution and Expenditure and should reconcile with the expenditure.)

	List of Equipment Procured	Quantity	Cost	*Serial Number with reference to the Scheme document
	Total			

B. Recurring

Sl. No.	Name of the Event	Amount Sanctioned	Amount Utilized	Unspent Balance

Certified that the grant has been utilized for the purpose for which it was sanctioned in accordance with the "Terms and Conditions" attached to the grant. If, as a result of check or audit objection some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the amount objected to.

Finance Officer

(Signature and Seal with date)

Hol/Registrar /Principal/ Director

(Signature and Seal with date)

Name and Address of the
University/ Institution

Note: The Utilization Certificate (UC) will be signed by the Registrar/ Finance Officer in the case of Universities, Principals in the case of Colleges and Executive Heads of other Institutions. The Provisional UC may be countersigned by the internal auditors wherever the system of the internal audit exists. In case of the Self Financing/ Private Institutions, UC has to be signed by a Chartered Accountant.

*This is to be submitted for every financial year.

ANNEXURE

FORMAT

for

AUDITED UTILISATION CERTIFICATE

Certified that out of Rs. _____ of Grant- in – aid sanctioned during the year _____ Letter No. _____ Rs. _____

has been utilized under IDEA Lab project. The balance of Rs. _____ remained unutilized at the end of the project and has been surrendered to All India Council For Technical Education (vide No. _____ dated _____). The amount will be adjusted towards the Grants – in – aid as per the sanction letter and scheme documents. The amount to be adjusted will be _____ as per the details attached.

Certified that the grant has been utilized as per laid down terms and conditions for which it was sanctioned.

Finance Officer

(Signature and Seal with date)

Hol/Registrar/Principal/Director

(Signature and Seal with date)

Chartered Accountant

(Signature and Seal with date)

ANNEXURE

FORMAT FOR GENERAL FINANCIAL RULES

(FORM GFR- 22)

Assets acquired wholly or substantially out of government grants

Register maintained by grantee institution

Block Account Maintained by Sanctioning Authorities

ALL INDIA COUNCIL FOR TECHNICAL EDUCATION

- Serial No. :

- Name of grantee Institution :

- No. and date of sanction :

- Amount of the sanctioned grant :

- Brief purpose of the grant :

- Whether any condition regarding the right of ownership of Government in the property or other assets acquired out of the grant was incorporated in the grant –in-aid sanction :

7. Particulars of assets actually credited or acquired :

8. Value of the assets as on :

9. Purpose for which utilized at present:

10. Encumbered or not :

11. Reasons if encumbered :

12. Disposed of or not :

13. Reasons and authority, if any, for disposal :

14. Amount realized on disposal :

15. Remarks

:

RECEIPT & PAYMENT ACCOUNT

Sl.No.	Receipt	Amount (Rs.)	Sl.No.	Payments	Amount (Rs.)
1.	To Opening Balance				
2.	To Grants Received by AICTE				
3.	To Interest (if any)				
				Closing Balance	
	Total			Total	

(Signature of Chartered Accountant)

Name of CA

Membership No.

(Signature of HoI)

Name:

Designation :

Full Address of CA

[With seal]

Full Address

[With seal]

(Signature of Finance Officer)

Name

Designation

Full Address

[With seal]

(Govt./Govt. Aided/University & wherever applicable)

Dated: _____

STATEMENT OF EXPENDITURE

AICTE File No. :

Name of the Co-ordinator :

Name of the Co Co-ordinator :

Sr. No.	Grant Sanctioned	Cost
TOTAL		

(1) _____

Project coordinator

(Signature and Seal with date)

(2) **HoI/ Registrar/ Principal/
Director**

(Signature and Seal with date)

Remaining Required Documents

- Copies of Bills and vouchers (verified by Institute Head)
- Photographs of equipment purchased
- Stock entry and register (verified by store incharge/ Institute head)

