**GFR – 12A**

**FINAL UTILISATION CERTIFICATE**

**Format for Final Statement of Accounts for Intramural Project.**

Sanction letter No: ………………………… Project Code: …………………

Name of the PI: ………………………………………… Designation …….………………..

Department ……………………………………………..

Title of the Project ……………………………………………………………………………

…………………………………………………………………………………………………

…………………………………………………………………………………………………

Total Project Cost: Rs………………………

Sanction /Revised Project cost (if applicable) Rs………….......................

Date of Commencement of Project: …………….......................

Date of Completion of Project: ………………………………..

**Statement of Expenditure**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. No.** | **Sanctioned Head.** | **Funds Allocated** | **Expenditure incurred** | **Requirements** | **Remarks** |
| 1. | Assets |  |  |  |  |
| 2. | Consumables |  |  |  |  |
| 3. | Investigations |  |  |  |  |
| 4. | Travel |  |  |  |  |
| 5. | Contingency |  |  |  |  |
| 6. | Miscellaneous |  |  |  |  |
|  |  | (TOTAL) | (TOTAL) | (TOTAL) |  |

Signature of Principal Investigator Signature of Accounts Officer

with date with date

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PART – II Project Code: ………….

**DECLARATION**

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

1. The registers (including cash/assets/stock registers) are maintained as prescribed in the relevant Act/Rules/Standing instructions (mention the act/Rules) and have been duly verified by account officer of the Research Cell division. The figures depicted above tally with the figures mentioned in financial statements/accounts.
2. To the best of our knowledge and belief, no transactions have been entered that are in violation of relevant Act/Rules/standing instructions and research grant guidelines.
3. The responsibilities among the key functionaries for execution of the grant have been assigned in clear terms and are not general in nature.
4. The benefits were extended to the intended beneficiaries and only such areas/districts were covered where the grant was intended to operate.
5. The expenditure on various components of the grant was in the proportions authorized as per the research grant guidelines and terms and conditions of the grants-in-aid.

Date: ………………………….

Place: …………………………

……………………………………. ……………………………………….

Signature Signature

Name………………………………… Name………………………….………

FA/F&CAO F/I Research Cell division

……………………………………………

Signature

Name: ………………..…………………..

Principal Investigator

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