

## INFORMATION SHEET ON SELF DEFENCE TRAINING PROGRAMME

1. Name of the College :
  
2. No. of total girls students:
  
3. No of students completed Training:
  
4. No of students for which bill submitted:
  
5. Expenditure Head:
  - a) Food :
  
  - b) Master trainer :
  
  - c) Contingency :
  
  - d) Total :

Signature of the Principal:

# FORM NO-I

Name of the Nodal/ Sub-nodal college :

Name of the College :

Group No	Duration of Training by	Name of the trainer	No of Girls students attended	Time	Signature of the officer in charge

Signature of OIC

Signature of the Principal

Head of Expenditure: Contingency

Name of the Nodal College:

Name of the College:

Group No-

Training Period-

SlNo	Dates	Purpose of money receipt	Voucher No	Amount	Amount spent by the college authority or any authorized person	Remark

Signature of the OIC(SDTP)

Accountant

Counter signature of the Principal

I..... hereby declare that I will refund the excess amount if any paid to me when I am called for the purpose.

Signature of the Principal

## FORM No-II

Name of the Nodal College: Fakir Mohan Autonomous College, Balasore

Master Trainer payment/Incentive Schedule:

Sl No	Name of the Master Trainer with Roll No	Period of Training	Amount Received	Date of Received	Signature

Signature of OIC (SDPT)

Verified by OIC

Signature of Principal

Passed for payment

**UTILIZATION CERTIFICATE**

1. Name of the College :
2. Name of the Nodal College: Fakir Mohan Autonomous College, Balasore
3. Name of the Programme:
4. Date of Programme:
5. Total Nos of Girls Students Trained:
6. Total amount Received:
  - (a) By cheque/B.d No: \_\_\_\_\_ Date \_\_\_\_\_
  - (b) Received on: \_\_\_\_\_
7. Date submission the voucher/Bills:
8. Total amount of Vouchers/ Bills:
9. Heads of the expenditure:

Annexure	Head of Account	Total Amount Expenditure
I		
II		
III		
Grand total		

- i) Total amount received as advance:
- ii) Balance amount (due) to be received:
- iii) Unspent Balance refunded to the Principal

F.M.Auto.College, Balasore

Balance Amount:

Trough B.D./B.C No \_\_\_\_\_/Date \_\_\_\_\_

Signature of Programme Coordinator

Signature of Principal

Name of the Coordinator

Name of the Principal

## REFRESHMENT

Head of expenditure:

Name of the Vendor:

Name of the Nodal College: Fakir Mohan Auto. College, Balasore

Name of the College:

Duration of Training (Working days):

Group No:

Name of the Master Trainer:

Sl No	Date of Training	Voucher	No. of Girls Participants with Master Trainer	No of Food packets/ Snacks supplied	Rate per pkt.	Amount Due	Remark

Signature of OIC

Verified by OIC, Accounts

Signature of the Principal

**NB:** Required Documents

1. Attested Xerox copy of the Training period for which money is paid
2. Money receipt of Master Trainer
3. Contingency Bill if any
4. Enrollment Register of the college
5. Groupings of the entire girls students of the college
6. List of the Master Trainer with their Mobile No