

UTILIZATION CERTIFICATE

1. Name of the College _____
2. Name of the Nodal College : _____
3. Name of the Programme _____
4. Date of Programme _____
5. Total Nos. of Girls Students Trained: _____
6. Total amount received :
(a) By Cheque/ BD No. _____ Date: _____
(b) Received on _____ From: _____
7. Date of Submission the Vouchers/ Bills: _____
8. Total Amount of Vouchers/ Bills: _____
9. _____

Annexure	Head of the Account	Total Amount of Expenditure
I	Tiffin	
II	Remuneration to Master Trainer (Submitted in Prescribed Proforma)	
III	Training Materials (CD/ Certificate) Document/ Hitting Board & Dress etc.	

Grand Total Rs _____

Total Amount
Received as Advance Rs _____

1. Balance Amount (Due)
to be Received Rs _____

2. Unspent Balance Refunded to
Principal, F.M. (Auto) College,
Balasore Amount Rs _____
through BD/ BC
No. _____
Date: _____

Signature of the Programmer Coordinator

Name of the Coordinator

Signature of the Principal

Name of the Principal

INFORMATION SHEET ON SDT

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
 - 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	Name of the Trainer	Venue	No. of Girls Students attended	Time	Signature of Officer-in-Charge

Signature of OIC (SDT).

Signature of the Principal.

Form No. - II

Name of the Nodal / Sub-Nodal College: _____ Name of the College: _____

Master Trainers Payment / Incentive Schedule

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

Signature of OIC (SDT).

Verified by OIC Accounts

Signature of the Principal.

Passed for payment.

Head of Expenditure Food Packets / Snacks

Name of the Vendor _____

Name of the Nodal / Sub-Nodal College _____

Name of the College _____

Duration of Training from _____ to _____ (12 working days)

Group No. _____

Name of the Master Trainer _____

Sl. No.	Dates of Training	Vouchers No	No. of Girl Participants with Master Trainer	No. of food Packets / Snacks Supplied	Rate per packet	Amount Due	Remark
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Total Amount:

(Rupees _____)

Signature of OIC, SDT

Verified by OIC, Accounts

Signature of Principal with seal

N.B. Required document

1. Attested Xerox copy of the Training period for which money is paid.
2. Money Receipt of Master Trainers.
3. Contingency Bill if any.
4. Enrolment Register of the college.
5. Groupings of the entire girl students of the college.
6. List of the Master Trainers with their Mobile Numbers.

Head of Expenditure – Miscellaneous / Contingency

Name of the Nodal / Sub-Nodal College

Name of the College

Group No

Training Period from to

Sl. No.	Dates	Purpose of Money Spent	Voucher No.	Amount	Amount spent by college Authority or any authorised person	Remark
Total Amount:						

Signature of OIC, SDT

Verified by OIC, Accounts

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 Recipient

N.B: - The amount must have been spent during the training programme of a batch.