

Utilization Certificate for Research Projects

(for the financial year ending 31st March)

1. Title of the project:
2. Name of the Organization:
3. Principal Investigator:
4. Madhya Pradesh Biotechnology Council
Sanction Order No. & date of
sanctioning the project:
5. Amount received from Council during
the financial year (*Please give No. and
date of sanction order showing the
amount paid*):
6. Amount brought forward from the
previous financial year quoting Council
letter No. & date in which the authority
to carry forward the said amount was
given:
7. Total amount that was available for
expenditure during the financial year
(Sl. nos. 5 & 6):
8. Actual expenditure incurred during the
financial year (statement of expenditure
is enclosed):
9. Unspent balance refunded, if any (*Please
give details of Cheque No.etc.*)
10. Balance amount available at the end of
the financial year:
11. Amount allowed to be carried forward to
the next financial year vide letter No. &
date:

1. Certified that the amount of Rs. _____ mentioned against col. 8 has been utilized on the project for the purpose for which it was sanctioned and that the balance of Rs. _____ remaining unutilized at the end of the year has been surrendered to MPBTC (vide No. _____ dated _____) / will be adjusted towards the grants-in-aid payable during the next year.
2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled.

(PROJECT INVESTIGATOR) (HEAD OF DEPARTMENT) (FINANCE OFFICER)

(HEAD OF THE INSTITUTE)

Statement of Expenditure for Research Projects
Referred to in para 8 of the Utilization Certificate

Showing grants received from the M.P. Biotechnology Council and the expenditure incurred during the period from 1st April _____ to 31st March _____.

Heads	Grants received from the Council during the year	Unspent balance carried forward from previous year	Total (2+3)	Expenditure incurred during the year	Balance (4-5)	Remarks (if any)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Non- Recurring Equipments						
Recurring Human Resource						
Consumables						
Travel						
Contingency						
Overheads (if applicable)						
Total						

(Project Investigator)

(Head of the Department)

(Finance / Accounts Officer)

(Head of the Institute)

Note: Signatures of all the competent authorities with seal are mandatory

Utilization Certificate for Training Courses

(Financial year..... -..... for the period fromto.....)

1. Title of the training course:
2. Duration of training course with dates:
3. Name of the Organizing Institute:
4. Name of the Course Coordinator:
5. Sanction letter of MPBTC :
6. Amount received from MPBTC
for the training:
7. Number of participants approved by MPBTC
8. Actual expenditure incurred:
9. Balance amount available at the end
of training, if any:
10. Unspent balance refunded, if any
(Please give details of cheque No. etc.):

This is to certify that out of an amount of Rs._____ mentioned against column no. 6, an amount of Rs._____ has been utilized on Training Course for which it was sanctioned and the balance amount of Rs. _____ remaining unutilized at end of the training has been refunded to MPBTC vide cheque/DD No. _____ dated _____.

(Course Coordinator)

(Head of the Institute)

(Finance Officer)

Utilization Certificate for Miscellaneous Activities

(for the financial year ending 31st March)

1. Name of the Activity:
2. Name of the Organization:
3. Name of the Coordinator/Organizer with designation:
4. Madhya Pradesh Biotechnology Council
Sanction order no. & date:
5. Amount received from the Council during the financial year (*Please give No. and date of order showing the amount paid*):
6. Amount brought forward from the previous financial year quoting Council letter No. & date in which the authority to carry forward the said amount was given:
7. Total amount that was available for expenditure during the financial year (Sl. nos. 5 & 6):
8. Actual expenditure incurred during the financial year:
9. Balance amount available at the end of the financial year:
10. Unspent balance refunded, if any (*Please give details of Cheque No.etc.*)

Certified that the amount of Rs. _____ mentioned against col. 8 has been utilized in the activity for the purpose for which it was sanctioned and that the balance of Rs. _____ remaining unutilized at the end of the year has been surrendered to MPBTC (vide Cheque no. _____ dated _____)

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled.

(Coordinator/organizer)

(Head of the Institute)

(Finance / Accounts Officer)

Note: Signatures of all the competent authorities with seal are mandatory