

ENCLOSURES TO BE SUBMITTED ALONG-WITH PG SCHOLARSHIP CLAIM

(All the formats are available on the www.aicte-india.org)

1. Budget Proposal
2. Annexure-I – Information on PG Courses Approved by AICTE
3. Annexure-II - Details of Students Admitted Through GATE/GPAT
4. Annexure-III - Utilization Certificate along with Receipt & Payment Account
5. Pre-Receipt
6. Indemnity Bond – on Rs. 100/- Non-Judicial Stamp
7. E-Payment details
8. AICTE Approval Letter for the Academic Year 2010-11 for PG Courses duly attested by the Head of the Institute.
9. All pending Utilization Certificates for grants received from AICTE (if any).

FORMAT

BUDGET PROPOSAL UNDER THE SCHEME OF PG SCHOLARSHIP DURING THE FINANCIAL YEAR- 2010-2011

Name & Address of the Institute/University Deptt. /College :
Name & designation of the Head of Institute/University Deptt./College :
(Please mention Ph. Nos. and Fax Nos. etc.)
E-mail ID of Head of Institution :

Name of the authority in whose name Cheques/Drafts to be issued :
Name and address of the Bank with its Code No. where the
GIA is to be deposited :

1. Information on the approved PG courses run by the Institute :
(give the details as in annexure –I)

2. Details of the GATE scholars:

No. of scholars admitted during 2009-10.(now in 2nd Yr.) :
No. of scholars admitted during 2010-11 (1st Yr.) :
Total No. of scholars :
(Please enclose list of all scholars – Batch-year wise)
(Give the details in annexure –II)

3. Scholarship amount :

Sl.No.	Batch – year wise	No. of Scholars (A)	Months (B)	@ Rs. Per month (C)	Amount (in Rs.) (A*B*C)
1.	2009-10 (2 nd Yr. Batch)			8000.00	
2.	2010-11 (1 st Yr. Batch)			8000.00	
3.					

Total (T1) = (in Rs.)

4. Previous year's Unspent Balance : Total (T2) in Rs.

**5. Total amount of interest earned/other receipts,
if any : Total (T3) in Rs.**

6. Unspent amount available if any : Total (T4) in Rs.

7. Total Net Grant required during 2010-11 : Total (T5) in Rs.

Total T5 = (T1+T2) – (T4) in Rs. :

It is certified that the grant-in-aid sanctioned by the council during the previous financial year has been fully utilized for the purpose for which the same was sanctioned and the original Utilization Certificate (s) for the same have already been submitted to AICTE. An additional attested copy of the same is enclosed (the standard format of UC is given at annexure –III).

Place:
Date:

Signature
Name & Designation of Head
of the Institution/ University Deptt./
College with the seal

INFORMATION ON PG COURSES APPROVED BY AICTE

S.No.	Name of the Institute/ Name of PG course/ Programme	Name of the Department	AICTE approval letter No. with date (enclose a copy of AICTE approval)	No. of Seats approved			
				GENERAL	SPONSORED	SC/ST	OBC
1.							
2.							
3.							

**Enclose (i) copy of the AICTE approval letter.
(ii) Printed brochure for each course.**

Place:
Date:

Signature
Name & Designation of Head
of the Institution/ University Deptt./
College with the seal

DETAILS OF STUDENTS ADMITTED THROUGH GATE/GPAT

- i) 1st year students admitted during 2010-11 on descending merit list as per GATE/GPAT

S.No.	Name of the student	Name of the Department(s) specialization	GATE/GPAT percentile/year	Category of admission (Gen./SC/ST/OBC)	Year of Admission with date

- ii) 2nd year students admitted in 2009-2010 batch.

S.No.	Name of the student	Name of the Department(s) specialization	GATE/GPAT percentile/year	Category of admission (Gen./SC/ST/OBC)	Year of Admission with date

Note: Claims should be submitted only in respect of scholarships for the AICTE approved courses only. No scholarship will be reimbursed/ paid to the sponsored category candidates even if admitted with valid GATE/GPAT score. **All the GATE/GPAT scorecards copies should be enclosed duly attested by the Head of the Institute.**

Place:
Date:

Signature
Name & Designation of Head
of the Institution/ University Deptt./
College with the seal

NAME OF THE INSTITUTE.....

UTILIZATION CERTIFICATE FOR THE FINANCIAL YEARName of the Scheme under which Grant was sanctioned _____
(to be submitted separately for each sanction order)

SI. No.	AICTE Sanction Order/Letter No. & Date under which grant was sanctioned	Amount (Rs.)	
1.	_____	_____	Certified that out of the grant-in-aid of Rs. _____ (in words) sanctioned by the AICTE during the financial year _____ in favour of _____ (name of the institute) as per letter mentioned in the margin, Rs. ____ on account of unspent balance of previous year, Rs. ____ on account of other income / receipts, a sum of Rs. ____ has been utilized for the purpose for which it was sanctioned and the balance of Rs. ____ remained unutilized at the end of the year.

Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been duly fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of checks exercised:-

1. Audited Annual Accounts of the Institute
2. Receipt and Payment account
3. Periodical Progress Reports.

Signature of Chartered Accountant
Name of Chartered Accountant
Membership No
Full Address with Seal
(Mandatory for Self Financing Institutes)

Signature of Head of the Institute
Name & Designation
Full Address with Seal

Signature of the Finance Officer
Name & Designation
Name of the Finance Officer
Full Address with Seal
(Govt./Govt. Aided/University & wherever applicable)

Place:
Date:

Note: Each page should be signed by all the concerned.

FORMAT FOR RECEIPT & PAYMENT ACCOUNT

Sl. No.	Receipt	Amount (Rs.)	Amount (Rs.)	Sl. No.	Payments	Amount (Rs.)	Amount (Rs.)
1	To Opening Balance			1	By GATE/GPAT Scholarship		
2.	To Grants received by AICTE						
3.	To Interest Income (if any)						
					Closing Balance		
	Grand Total				Grand Total		

Signature of Chartered Accountant
Name of Chartered Accountant
Membership No
Full Address with Seal
(Mandatory for Self Financing Institutes)

Signature of Head of the Institute
Name & Designation
Full Address with Seal

Signature of the Finance Officer
Name & Designation
Name of the Finance Officer
Full Address with Seal
(Govt./Govt. Aided/University & wherever applicable)

**ACQUITTANCE/PRE-STAMPED RECEIPT (PRS) PRE-
RECEIPT/ ADVANCE**

R E C E I P T

(Form of Acquittance for grant-in-aid to be received through cheques / DDs)

Received a sum of Rs. _____ /- (in words _____) by

Cheque/Bank Draft from Pay and Accounts Office, AICTE, New Delhi on

account of grant-in-aid sanctioned by the AICTE, New Delhi, vide letter No.

dated _____ .

Place:

Date:

Signature of grantee (Head of Instt.)

Name of Grantee:

Designation:

Rubber Stamp of the Organization

INDEMNITY BOND

Stamp Rs. 100/-(Non-Judicial)

STATE

Notary

1. NOW ALL MEN BY THESE PRESENTS THAT WE THE, an association registered under the Societies Registration Act, 1860) having been registered by the office of Public Trust Registration Office, in the State of (hereinafter called the Obligor/Obligors) are held and firmly bound to the President of India (hereinafter called the Government) in the sum of Rs. (in words) with interest therein @10% per annum well and truly to be paid to the President on demand and without demur, for which payment we bind ourselves and our successors and assigns by these presents.

2. SIGNED this day of in the year

3. WHEREAS the obligors has sent a request proposal to Government through AICTE, Union Ministry of HRD for Grants of Rs. /- vide his letter No. dated the obligors have agreed to execute this bond in advance, in favor of Union Ministry of HRD forwarded amount of Rs. /-, as requested in the proposal sent to the Government. The obligor is willing to accept the proposed amount or any other approved/sanctioned by the Government. The obligor is willingly executing this bond of proposed amount with the stipulation that obligor will be bond upto this amount or by the actual amount approved/sanctioned by the Government, whichever is less. The obligor is also willing to accept all terms and conditions mentioned in the "Letter of Sanction" to be issued by the Government.

4. Now the condition of the above written obligation is such that if the obligors duly fulfill and comply with all the conditions mentioned in the left in the letter of sanction, then above written bond or obligation shall not be enforceable. But otherwise, it shall remain in full force and virtue. If a part of the grant is left unspent after the expiry of the period within which it is required to be spent, the obligors agree to refund the unspent balance along with interest at the rate of

10% (ten percent) per annum unless it is agreed by the sanctioning authority to be carried over to the next financial year. The amount of grant shall be refunded along with interest earned thereon.

5. The Society/Trust agrees and undertakes to surrender/pay to Government the monetary value of all such pecuniary or other benefits which it may receive or derive/have received or derived through/upon unauthorized use (such as letting out premises for adequate or less than adequate consideration or use of the premises for any purpose other than that for which the grant was intended) of the Government grant. The decision of the Secretary to the Government of India in the Ministry of HRD, Department of Higher Education or the administrative Head of the Department concerned shall be final and binding on the Society/Trust, in respect of all matters relating to the monetary value mentioned above to be surrendered/paid to the Government.

6. The member of the Executive Committee of the grantee will:
- (a) abide by the conditions of the grants in aid by the target dates specified in the letter of sanction and
 - (b) not divert the grants or entrust execution of the scheme or work concerned to other institution (s) or organization(s); and
 - (c) abide by any other conditions specified in the agreement governing the grants in aid.

In the event of grantee failing to comply with the conditions or committing breach of the conditions of the bonds, the signatories to the bonds shall be jointly and severally liable to refund to the President of India, the whole or a part amount of the grant with interest @ 10% per annum thereon.

7. AND THESE PRESENTS ALSO WITNESS THAT

- (i) The decision of the Secretary to the Government of India in the Ministry of HRD, Department of Higher Education on the question whether there has been breach or violation of any of the terms and conditions mentioned in the sanction letter shall be final and binding on the obligors; and
- (ii) The Government shall bear the stamp duty payable on these bonds. The cost can be adjusted from the grants.

In witness whereof these presents have been executed as under on behalf of the obligors and day herein above written in pursuance of the Resolution No. 8 dated passed by the Governing Body/ Executive Committee of the obligors, a copy whereof is annexed hereto as Annexure B.

()
Signed for and on behalf of
Signature of the grantee

Name of the Obligor Association/Institute/
Organization registered:

Full Mailing Address:
Telephone No./Mobile No.

Registration Number of Association:
E-mail address (if available):

Date of Registration
Fax No.

1. Registration No of authority:
2. Date of Registration:
3. Registration Authority (RA):
4. Mailing Address of (R.A.):
5. Telephone No./E-mail etc of R.A.

(in the presence of) Witness name, address and signature

- 1.
- 2.

(Sign)
Accepted for an on behalf of the
President of India

Designation: _____

Date: _____

Name & Address _____

E-PAYMENT DETAILS OF THE INSTITUTE.

Institution Details

Institute ID(Provided by AICTE) : _____
Name of Institution : _____
Address of Institution : _____
: _____
: _____
: _____
: _____
: _____ Pin Code : _____
Category of Institution : _____
(Govt./Govt. Aided/Private/Self Financed)
Institution PAN Card No. : _____
Institution PAN Card issuing Authority with State : _____ State : _____
Institution Contact Nos. with STD code : _____
Institution E-mail ID's : _____
: _____

Beneficiary Bank Details

Bank Name : _____
Bank Branch Name : _____
Bank Branch Address : _____
: _____
: _____
: _____
: _____
: _____ Pin Code : _____

Beneficiary Bank Account Holder Details

Bank Account Holder's Name : _____
Bank Account No. (for NEFT / RTGS / E-Payment) : _____
Type of Account (Saving Account / Current Account) : _____
Bank IFSC Code : _____
Bank MICR Code : _____
Bank Code : _____

I/We declare that all the information provided above is true in all respect and I/We/Am/Are authorized signatory for the Account / Organization.

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Signature of Account Holder
Seal
Or Authorized Signatory with Seal

Banker's Signature with

For Office Use Only

Allotted Code

Signature of Administrative Officer

Signature of Account's Officer
