** INSTITUTE OF AERONAUTICAL ENGINEERING**

(Autonomous)

Dundigal, Hyderabad – 500 043

**Utilization Certificate**

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | Title of Activity / Event  | : |  |
| 2 | Nature of involvement | : | Conducted / Attended |
| 3 | Name of Participant / Program Co-ordinator | : |  |
| 4 | Designation | : |  |
| 5 | Implementing department / office | : |  |
| 6 | Date/(s) of program | : | From\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 | Number of participants proposed / attended | : | Proposed \_\_\_\_\_\_\_\_ / Attended \_\_\_\_\_\_\_\_\_\_\_\_ |
| 8 | Number of institutions participated | : |  |
| 9 | Grant received from sponsoring agencies | : |  |
| 10 | Total amount sanctioned | : |  |
| 11 | Office order number and date | : |  |

**Release made till date (break up in the following order):**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Letter Number and Date** | **Amount (₹)** |
|  |  |  |
|  |  |  |

**Statement of expenditure**

|  |  |  |
| --- | --- | --- |
| **S. No** | **Particulars** | **Expenses (₹)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **Grand Total:** |  |

Certified that, I have satisfied myself that, the conditions on which the grant amount was sanctioned have been fulfilled and that I have exercised necessary checks to see that the amount was actually utilized for the purpose was sanctioned as per data is furnished above and that the balance of ­­…………………. remaining unutilised is returned.

|  |  |
| --- | --- |
| Date: | **Signature of Participant / Program Co-ordinator** |

**Kind of Checks exercised**

|  |  |  |
| --- | --- | --- |
| 1 | Internal audit | YES / NO |
| 2 | Vouchers and book of accounts | YES / NO |
| 3 | Department / office expenditure register | YES / NO |
| 4 | Purchase proposal number entry and date |  |
| 5 | Daily purchase register entry number and date |  |

Certified that out of ₹…………………. has been utilized for the purpose of funds released. Expenditures incurred for the programme are verified with the vouchers / bills produced before me.

|  |
| --- |
| **Remarks of the Principal:** |
| **Signature with Date:** |
| **Auditor / Accounts Officer**  | **Dean of PMCS / HOD** | **Principal** |