

[Please see Para 13, 14 &amp; 30.2(d) of the Scheme)

**STATEMENT OF RECEIPT & EXPENDITURE IN RESPECT OF RESEARCH FELLOWS of “RESEARCH COUNCIL”  
FOR THE GRANT RECEIVED AND EXPENDITURE INCURRED DURING THE FINANCIAL YEAR .....**

| S<br>No. | Name of the Fellow | Opening Balance |             |     |                 | Grant received during the year |             |     |                  | Total Grant    |                |                |                 | Expenditure incurred during the<br>year |             |      |                     | Unspent balance at the end of the<br>year |                  |                  |                  |
|----------|--------------------|-----------------|-------------|-----|-----------------|--------------------------------|-------------|-----|------------------|----------------|----------------|----------------|-----------------|-----------------------------------------|-------------|------|---------------------|-------------------------------------------|------------------|------------------|------------------|
|          |                    | Stipend         | Contingency | HRA | TOTAL           | Stipend                        | Contingency | HRA | TOTAL            | Stipend        | Contingency    | HRA            | TOTAL           | Stipend                                 | Contingency | HRA  | TOTAL               | Stipend                                   | Contingency      | HRA              | TOTAL            |
| (1)      | (2)                | (3)             | (4)         | (5) | (6)=<br>(3+4+5) | (7)                            | (8)         | (9) | (10)=<br>(7+8+9) | (11)=<br>(3+7) | (12)=<br>(4+8) | (13)=<br>(5+9) | (14)=<br>(6+10) | (15)                                    | (16)        | (17) | (18)=<br>(15+16+17) | (19)=<br>(11-15)                          | (20)=<br>(12-16) | (21)=<br>(13-17) | (22)=<br>(14-18) |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |
|          |                    |                 |             |     |                 |                                |             |     |                  |                |                |                |                 |                                         |             |      |                     |                                           |                  |                  |                  |

1. It is also certified that there is no other Research Fellow in the institute during the period.
2. This information may please be forwarded to “RESEARCH COUNCIL” in respect of all Research Fellows along with the information with regard to interest earned on the grant sanctioned by “RESEARCH COUNCIL” and Utilization Certificate in the prescribed Proforma (GFR 12-A).

(Finance & Accounts Officer)  
Signature with Seal

(Registrar/Head of Institute)  
Signature with Seal