

Government of West Bengal
Department of Higher Education,
Science & Technology and Biotechnology (DHESTBT)
(Science & Technology and Biotechnology Branch)
Vigyan Chetana Bhavan, Block-DD, Plot-26/B, Sector-I
Salt Lake City, Kolkata-700064

UTILISATION CERTIFICATE IN RESPECT OF GRANT-IN-AID

No.

Date:

1. Name of the Grantee Institute (s) :
[Attach separate list for more than one Grantee Institution]
2. Sanctioning Authority :
3. Sanction Order Number & Date :
4. Amount Sanctioned :
5. Drawing & Disbursing Officer :
6. Treasury/PAO :
[From where the bill was drawn]
7. Bill No. & Date :
8. T. V. No. & Date :
9. Amount Drawn :
10. Unspent Balance of Previous year, if any :
11. Amount Utilised :
12. Unspent Balance, if any, in Current year :
13. Purpose of Utilisation :

CERTIFICATE

Certified that I have satisfied myself that the conditions on which the Grant-in-Aid was sanctioned have been duly fulfilled/are being fulfilled that I have exercised the following checks to see that the money was actually utilised for the purpose for which was sanctioned.

[Applicable in case of unspent balance] The unspent fund will be adjusted against the Grant-in-Aid to be sanctioned and paid in the Current Financial Year (applicable in case of recurring grant only).

Kinds of checks exercised

1. Cash Book
2. Ledger
3.
4.
5.

Date

Signature with Official Stamp

Statement of Expenditure (SoE)

Program:

Duration:..... **Venue:**

Organized by:

Receipts	Amount (Rs.)	Payments	Amount (Rs.)
Amount received from DHESTBT		1.	
		2.	
Amount received from other Institution/ Organisation/ other means etc.		3.	
		4.	
Amount contributed from own Institution/ Organisation		5.	
		6.	
Total		Total	

Certified that we have exercised all kinds of checks to see that the grant has been utilized for the purpose for which it was sanctioned by DHESTBT vide Order No.

..... **dated**..... **of Rs.**.....

.....

**Name & Signature
of Program Coordinator**

.....

**Name & Signature
of Head of the Institution**

.....

**Name & Signature
of Chartered Accountant**

Office Seal with date

Seminar/Workshop Feedback Form

Title of the Seminar/Workshop:.....

Name of the Organizer:.....

Name of the participant:

Address:.....

Age:.....; Occupation:.....

Mobile No.; E-mail id:.....

Educational Qualification:.....

Sl No	Items	Rating. Please put tick (√)
1.	Did you find the Seminar/Workshop useful?	Very useful..... Quite useful..... Not very useful..... Not useful at all.....
2.	Did it cover what you were expecting?	Yes..... To some extent..... Not really..... Not at all.....
3.	Please rate the speaker on his/her delivery style?	Lack..... Adequate..... Good..... Excellent.....
4.	How relevant was the content to your occupation?	Yes..... To some extent..... Not really..... Not at all.....
5.	Seminar/Workshop duration	Too short..... Adequate..... Too long.....
6.	Are you familiar with the topics of this seminar?	Yes..... To some extent..... Not really..... Not at all.....
7.	Did you like the venue, in terms of location and comfort	Yes..... To some extent..... Not really..... Not at all.....
8.	What subject areas did you find particularly useful?	
9.	In terms of future seminars, are there any other related subject areas you would be interested in?	

Signature of the Participant with date

Sponsored by: DEPARTMENT OF HIGHER EDUCATION, SCIENCE & TECHNOLOGY &
BIOTECHNOLOGY, Govt. of West Bengal (DHESTBT-GoWB)

Thank you for your feedback