**Indian Council of Historical Research**

**FORMAT FOR UTILIZATION CERTIFICATE UNDER SEMINAR GRANT SCHEME**

(To be filled on the letter head of the College/University/Organization)

(FINANCIAL YEAR 20\_\_ - 20\_\_)

|  |  |
| --- | --- |
| **ICHR File No.** |  |
| **Title of the Seminar/Conference/Workshop** |  |
| **Name of Coordinator** |  |
| **Organisation** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sanction No. & Date** | **Amount of Grant Sanctioned from ICHR** | **Details of Expenditure incurred item-wise as per Annexure XI point 9** | | **No. of Participants** | **Duration of the Activity (with dates)** |
|  |  | Particulars | Amount |  |  |
| Total: |  |
|  |  | Grant Received |  |  |  |
|  |  | Balance to be received/paid |  |  |  |

Certified that I have satisfied myself that the conditions under which the grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised due diligence to ensure that the money was actually utilized for the purpose for which it was sanctioned.

…………………………………………………………………..

Name and signature of Organizing Secretary/Convener

…………………………………………………………………………….

Name & signature of Registrar of the University/Head of the Institution/ Principal of the College (with Seal)

……………………………………………………………………..

Signature (with seal) of the Authority as indicated in sub clause (q) of Clause 3 of Chapter I of Research Funding Rules, 2015

**Indian Council of Historical Research**

**FORMAT FOR STATEMENT OF EXPENDITURE UNDER SEMINAR GRANT SCHEME**

(To be filled on the letter head of the College/University/Organization)

(FINANCIAL YEAR 20\_\_ - 20\_\_)

|  |  |
| --- | --- |
| **ICHR File No.** |  |
| **Title of the Seminar/Conference/Workshop** |  |
| **Name of Coordinator** |  |
| **Organisation** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sanction No. & Date** | **Amount of Grant Sanctioned from ICHR** | **Grant/Income from other sources including registration fee** | **Details of Total Expenditure incurred item-wise as per Annexure XI point 9** | | **No. of Participants** | **Duration of the Activity (with dates)** |
|  |  |  | Particulars | Amount |  |  |
| Total: |  |
|  |  |  | Grant Received |  |  |  |
|  |  |  | Balance to be received/paid |  |  |  |

*I have satisfied myself that the Statement of Expenditure is accurate, results from reliable accounting systems and is based on verifiable supporting documents*

…………………………………………………………………..

Name and signature of Organizing Secretary/Convener

…………………………………………………………………………….

Name & signature of Registrar of the University/Head of the Institution/ Principal of the College (with Seal)

……………………………………………………………………..

Signature (with seal) of the Authority as indicated in sub clause (r) of Clause 3 of Chapter I of Research Funding Rules, 2015