**FORM VIII**

KERALA STATE HIGHER EDUCATION COUNCIL

CHIEF MINISTER’S NAVAKERALA POST DOCTORAL FELLOWSHIPS (CMNPF)

**SUBMISSION OF UTILISATION CERTIFICATE FOR CONTINGENCY FUND RECEIVED**

**PERIOD FROM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Name of CMNP Fellow:

2. Category: Science/Non-Science:

3. Domain:

4. Year and Mode of Scheme under which He/she is working:

5. Period for which the account of Contingency grant relates: 1styr/2ndyr

6. Total amount incurred Rs......................as on Date...................

 (a) Item wise details of expenditure incurred:

|  |  |  |
| --- | --- | --- |
| **Item procured** | **Description** | **Amount** |
| Books and allied items:  |  |  |
| Typing  |  |  |
| Printing |  |  |
| Stationery |  |  |
| Postage |  |  |
| Analysis |  |  |
| Attending conference/Workshop |  |  |
| Chemical and other consumables  |  |  |
| Travel/field work |  |  |

Certified that an amount of Rs. ……………… (Rupees …………..……….. …………..…………………………………………………………) out of the contingency grant of Rs………………..………………released by the Kerala State Higher Education Council, vide Proceedings No …………………………………….. dated………………………….in respect of ………………..(name of the CMNP Fellow and research project title) has been utilized for the purpose for which it was sanctioned in accordance with the terms and conditions laid down by the CMNPF guidelines. If, any irregularity is noticed at a later stage as a result of verification or audit and accounts, action will be taken to refund or regularize the objected amount.

Signature of CMNP Fellow

 Signature of mentor

Place:

Date: Head of Registering Institution

 Registrar/Principal/Director

 (Seal)