| | T |
|-------|---|
| HArm | |
| LUIII | |

NAME OF THE SCHEME :

LIST OF BENEFICIARIES

(i) Name of the Organisation Name and address of the project

(ii)

(iii) Year

| S. | Name of | Father's/ | Date | Sex | Education | Address | Date of | Remarks |
|-----|-------------|-----------|-------|-----|---------------|---------|-------------|----------|
| No. | the | Mother's | of | | Qualification | | entry in | about |
| | beneficiary | Name | Birth | | | | Institution | outcome/ |
| | - | | | | | | | results |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

Note:

The list should preferably be in alphabetical order or some other well-defined order and followed from year to year.

NAME OF THE SCHEME :

DETAILS OF OFFICE –BEARERS/MANAGING COMMITTEE OF THE ORGANISATION

(i) Name of the Organisation :(ii) Name and address of the project :(iii) Year :

| S. No. | Name | Occupation | Address | Tel. No. | Education Qualification | Remarks |
|-----------|------|------------|---------|----------|-------------------------|---------|
| 1 | | | | | Quanneation | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

NAME OF THE SCHEME :

DETAILS OF STAFF EMPLOYED

(i) Name of the Organisation :(ii) Name and address of the project :(iii) Year :

| S. | Name, | Educatio | Date of | Period for | Honora | Total | Total | Remarks |
|-----|-------------|-----------|----------|------------|--------|--------------|-------------|---------|
| No. | Designation | nal | appointm | which | rium | Honorarium | honorarium | |
| | and address | Qualifica | ent | employed | per | paid during | proposed to | |
| | | tion | | during the | month | the previous | be paid | |
| | | | | year | | year | during the | |
| | | | | | | | current | |
| | | | | | | | year (the | |
| | | | | | | | grant year) | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

FORM GFR 19A

See Government of India's Decision (1) below Rule 150)

FORM OF UTILISATION CERTIFICATE

* * * * *

| S.No. | Letter Number and Date | Amount | Certified that out of Rs. |
|-------|---------------------------------------|----------------|---|
| 1. | | | of grant-in-aid sanctioning during the year 2000 - 2001 in favour of |
| | | | |
| | | | |
| | | | under this Ministry/Department's letter No. given in the Margin and |
| | | | Rs/- on account of |
| | | | unspent balance of the previous year, |
| | · | | for the purpose of Maintenance of Old |
| _ | • | | Init/Integrated Rehabilitation Centre for |
| | | 0 | gramme for Older Persons/Scheme of |
| | | | ostance (Drugs) Abuse for which it was g utilized at the end of the year has been |
| | | | will be adjusted towards the grant-in-aid |
| | e during the next year. | io. dated | win be adjusted to wards the grant in ald |
| 1 0 | , | | |
| | | • | ne conditions on which the grant-in-aid |
| | • | | g fulfilled and that I have exercised the |
| | ing checks to see that the montioned. | oney was actua | ally utilized for the purpose for which it |

Kind of checks exercised:

- 1. Audited Statement of Accounts signed by Chartered Accountant.
- 2. Formal utilization certificate signed by the Chartered Accountant.
- 3. Progress Report