**Covering note to accompany Utilization Certificate of grant for the DHR-ICMR long term foreign fellowship project for the period:**

1. Title of the project:

2. Name of the host institution visited:

3. Principal Investigator:

4. DHR letter No. and date of sanction of the project:

5. Head of account as given in the original sanction letter:

6. Fellowship Amount received during the year:

7. Total amount for which sanction was given and committed:

1. Salary :
2. Travel :
3. Contingency :

8. Actual expenditure incurred during the year :

9. Balance amount to be reimbursed :

1. Salary :
2. Travel :
3. Contingency :

Signature with date

Name & Address of Fellow

**Format for Statement of Expenditure for DHR-ICMR Long Term Foreign Fellowship**

1. Sanction Number & Date :
2. Date of Commencement of Fellowship :
3. Date of Completion :
4. Statement of Expenditure :
5. Name of the PI :
6. Name of the Host Institute :

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **S. No.** | **Details of the head** | **Sanctioned amount** | **Amount of grant received** | **Expenditure** | **Unspent balance** | **Amount to be reimbursed** |
| 1. | Salary@ $3000(USD)/PM (Approved for 12 months) | $ (USD) | $ (USD) | $ (USD) |  | $ (USD) |
| 2. | **Travel (INR)** | | | | | |
| a. |  |  |  |  |  |  |
| b. |  |  |  |  |  |  |
| 3. | **Contingency (INR)** |  |  |  |  |  |
| a. |  |  |  |  |  |  |
| b. |  |  |  |  |  |  |
| c. |  |  |  |  |  |  |
|  | Total |  | $ (USD) | $ (USD) |  |  |
|  |  |  |  | INR |  | INR |

Signature

Name.............................................

Head of the Organization

Signature with date

Name& Address of Fellow

**Certificate for Utilization**

(Annual/Final)

Certified that out of ………….(USD) grants-in-aid sanctioned during the period in favour of Dr. …………………………… under DHR-ICMR Letter No. ……. dated:……….and $USD ……. on account of unspent balance of the period, has been utilized for the purpose of fellowship as a salary in the …………………….for which it was sanctioned and that the balance of $ USD …….. remaining unutilized at the end of the year. The grants-in-aid $ (USD) and INR:…….. is to be reimbursed towards committed expenditure.

Signature

Name.............................................

Head of the Organization

Signature with date

Name& Address of Fellow