

INDIAN COUNCIL OF MEDICAL RESEARCH

Statement of expenditure / Utilization Certificate Financial Year from.....to.....)

Name of the Institute / Centre/ University:

ICMR reference No. :

Name of ICMR fellow :

Date of joining of the fellow :

SN o.	Details of the Head	Opening Balance as on (01.04.15)	Period of Grant	Grants Received	Expenditure	Unspent Balance	Remarks
1	Stipend						
2	Contingency						
3	HRA						
4	Total						

Unspent Balance of Rs.....as on -----
 -----is available in account)

Signature of Research Supervisor

Signature of Head of the Department

Signature of Finance & Accounts

Note: Further fellowship grant will be released after receipt of the expenditure /utilization certificate statement duly signed by the Finance & Account Officer