

**ANNEXURE 1**  
**PROPOSAL FOR CME Programme**

**Split up details of the Activity and Budget**

Name of the Department:

Name of Division:

No: of Programme in this FY:

Date of Programme:

Programme Coordinator/Organizer

Venue of the training:

**Training Budget**

Sl. No	Particulars	Unit cost	No of Units	Total cost
1	Training materials			
2	TA for Faculties ( Actual)			
3	Taxi Fare			
4	Accommodation Charge			
5	Honorarium/Sitting Fee			
6	Food & Refreshment			
7	Audio Visual			
8	Boucher			
9	Banner			
10	Printing Certificate			
11	* Miscellaneous ( incidental expenses, Pre and Post test, Feedback form and Documentation etc)			
TOTAL				

**\*5% of 1 to 10 Budget Heads**

**Statement of Income**

Category	Fees (in.Rs)	Expected Nos	Amount
Outside Delegates ( Academic)	Rs.2000/-		
Outside Delegates ( Non Academic)	Rs.750/-		
DNB/Fellows/Sr.Residents ( inhouse)	Rs.500/-		
Students MCC	Rs.150/-		
Students Outside	Rs.300/-		
Observership/Trainees	Rs.750/-		
In House ( Academic)	Rs.300/-		
In House ( Non-Academic)	Rs.200/-		
Supporting Staffs	000		
*Sponsorship			

\*Sponsorship details should be given separately

**Schedule of Advance**

Sl.No	Particulars	Amount	Remarks

**Request for Stationary**

Sl No	Items with Specification	No. Of units	Approved Budget
1			
2			
3			

**Hiring of Taxi/Own Vehicle arrangement**

Sl No	Name of faculty	Mobile Number	Picking Place	Date with Time	If Same day return, dropping place & Time

### Accommodation

SI No	Name of faculty	Mobile Number	Date and Time	Number of days required
1				
2				
3				
4				
5				

### Audio Visual

SI No	Items ( Not available in MCC)	Qty	Approved Budget
1			
2			
3			
4			
Total			

### Publicity/Brochure

SI No	Specification/Type	Qty	Approved Budget
1			
2			
3			
4			
Total			

### Banner

Specification/Type/Size	Qty	Approved Budget

### Certificate

Specification/Type/Size	Qty	Approved Budget

**Print/Photostat**

<b>Specification/Type/Size/</b>	<b>Qty</b>	<b>Approved Budget</b>

Name &Signature of Coordinator/Organizer

Name &Signature of HOD

Approval of Academic council

**OFFICE USE:**

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Recommendation of Finance/Accounts Officer

Administrative Officer

Sanctioned

**DIRECTOR**

**ANNEXURE 2**  
**STATEMENT OF TA AND SITTING FEE**

<b>Sl.No</b>	<b>Name of Faculty</b>	<b>Account Number</b>	<b>IFSC Code</b>	<b>TA</b>	<b>Sitting Fee</b>	<b>Grand Total</b>	<b>Signature</b>

Copy of Passbook or a cancelled cheque may please be enclosed to avoid rejection

**ANNEXURE - 4**

**STATEMENT OF INCOME & EXPENDITURE FOR THE .....**

Date:			
Theme:			
Department:			
<b>Income</b>		<b>Expenditure</b>	
<b>Particulars</b>	<b>Amount</b>	<b>Particulars</b>	<b>Amount</b>
<b>Grand Total</b>			

Signature of Training Co Coordinator

Signature of HOD

Recommended

Approved

Accounts Officer

Administrative Officer

**DIRECTOR**

**ANNEXURE - 5**

**VENDOR WISE SETTLEMENT DETAILS**

Sl.no	<b>Recommended</b>		<b>Approved</b>		<b>Amount</b>		Grand Total
	Accounts Officer Name of Vendor	Type of Expenditure	Administrative Officer In house voucher Number	Bill No	Paid By cash	Director To be paid by NEFT/ Cheque	
<b>Grand Total</b>							

**Signature of Training Co Coordinator**

**Signature of HOD**

**ANNEXURE - 6**

**FORM GFR 19-A**

(Programme.....)

**FORM OF UTILISATION CERTIFICATE**

Sl. no	Particulars	Approved Budget	Expenditure		Total cost
			Cash	NEFT/RTGS	
1	Training materials				
2	TA for Faculties ( Actual)				
3	Taxi Fare				
4	Accommodation Charge				
5	Honorarium/Sitting Fee				
6	Food & Refreshment				
7	Audio Visual				
8	Boucher				
9	Banner				
10	Printing Certificate				
11	* Miscellaneous ( incidental expenses, Pre and Posttest, Feedback form and Documentation etc)				
<b>TOTAL</b>					

01. Certified that out of **Rs.....** has sanctioned in advance for conducting.....under this Letter No. given in the margin, a sum of **Rs.....** only has been utilized for which it was sanctioned and that the balance of **Rs.....** remaining unutilized and the same was refunded vide receipt no:.....

02. **Certified** that I have satisfied myself with the total expenditure incurred for the programme for an amount of **Rs.....**(



Rupees.....)which have been duly / are being fulfilled and that I have exercised the following check to see that the money was actually utilized for the purpose for which it was sanctioned

Kinds of checks exercised.

- 01.
- 02.
- 03.
- 04.
- 05.

Signature :

Designation:

Date :

Recommended  
**Accounts Officer**

Approved  
**Administrative Officer**

Approved  
**Director**