

DEPARTMENT OF HEALTH RESEARCH

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

Name of the Institute / Centre/ University:

DHR reference No. :

Name of DHR 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	Expendi ture	Unspent Balance	Remarks
1	Stipend						
2	Contingency						
3	HRA						
4	Total						

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

Signature & Seal of Research Supervisor

Signature & Seal of Head of the Department

Signature & Seal 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