

ON CA's LETTER HEAD

UTILISATION CERTIFICATE

1.	Title of the Project/Scheme	Placement Linked Skill Development and Training Programme conducted by TRTI-Pune for ST youth of Maharashtra
2.	Name of the Assessment Agency	Name
3.	Address	Head office address.
4.	Authorised Person Name	AA Main signatory.
5.	Batch ID's	Write different Batch ID's if more than one batch.
6.	TRTI Letter no. & date of sanctioning the project	Write sanction order no. with date of issue
7.	Amount received as on Date.	Write Total amount received as on date Rs---in Figure--(in words)

Signature of Authorised Person
(Assessment Agency)

Name of the Person

Designation

Date

Signature and Stamp of Chartered Accountant
UDIN NO.

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UTILISATION CERTIFICATE

Certified that Rs. _____ received as Assessment fee @595 / per candidate (exluding GST if any) for assessment under Placement Linked Skill Development and Training Programme conducted by TRTI-Pune sanctioned vide Sanction Order letter No. _____ a sum of Rs. _____ has been utilized for the purpose of Assessment of Candidates undergoing Training under Placement Linked Skill Development and Training Programme for which it was sanctioned .

Signature of Authorised Person

(Assessment Agency)

Name of the Person

Designation

Date

Signature of Chartered Accountant

Name of Chartered Accountant

Membership No:-

UDIN No.

Full Address with seal.

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Details of expenditure

Expenses head	Break up of each cost	Amount
Assessor's Assessment Fee		
Printing & stationery		
Assesors Boarding and Lodging Cost		
Any other expenses, please specify		
Total		

Certified that I have satisfied myself that the conditions on which the Project was sanctioned have been fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned:

Kinds of Checks exercised:

1. Bank Statements
2. MoU with Service Provider
3. Invoice Copy of Payment made

Signature of Authorised Person
(Assessment Agency)

Signature and Stamp of Chartered Accountant
UDIN No:-

Name of the Person
Designation
Date