

**RAJIV GANDHI NATIONAL INSTITUTE OF YOUTH DEVELOPMENT
SRIPERUMBUDUR**

NAME OF THE PROGRAMME :

DATE OF THE PROGRAMME HELD :

NAME OF THE PROGRAMME CORDINATOR :

NAME OF THE FACULTY-IN-CHARGE / HEAD OF DEPARTMENT:

AMOUNT OF THE ADVANCE / BUDGET SANCTION : Rs. _____/- [ENCLOSE NOTE ORDER COPY]

S.no	Heads of Expenditure	Budget / Estimate Sanctioned	Amount Incurred	Remarks
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

- It is certified that the amount incurred above are supported with original vouchers / valid cash bills
- Payment may be made to the beneficiaries directly to their Bank Account number which are listed and annexed to this sheet.
- All the bills/vouchers are counter signed by the programme coordinator / In-charge Head of Department.
- Applicable Tax and other charges may be deducted.

**SIGNATURE PROGRAMME CORDINATOR
NAME & DESIGNATION**

**SIGNATURE PROGRAMME FACULTY-IN-CHARGE
/ HEAD OF DEPARTMENT
NAME & DESIGNATION**

To

Accounts Section (Through Consultant Finance)

REMARKS / VIEWS

CONSULTANT [FINANCE]

NEFT PAYMENT AUTHORITY

Annexure 8 (ii)

Programme Name:

Name of the Programme Co-ordinator:

Department:

S.no	NAME OF THE BENEFICIARY	Amount	BANK ACCOUNT NUMBER*	IFSC CODE *	BANK	BRANCH NAME	PAN CARD NUMBER	AADHAR CARD NUMBER	REMARKS
1									
2									
3									
4									
5									
6									
7									
8.									
9.									
Total									

- ✓ Payment tallied with the TOTAL DUES PAYABLE
- ✓ Details of pass book copy / cancelled cheque leaf / Pan Card / Aadhar Card is enclosed.
- ✓ BANK DETAILS / BANK IFSC CODE ARE VERIFIED AND FOUND TO BE CORRECT.
- ✓

**SIGNATURE PROGRAMME CORDINATOR
NAME & DESIGNATION**

**SIGNATURE PROGRAMME FACULTY-IN-CHARGE
/ HEAD OF DEPARTMENT
NAME & DESIGNATION**

(1.PLEASE ATTACH THE ADDITIONAL SHEET IF INSUFFICIENT. 2. PAN CARD / AADHAR CARD NUMBER NECESSARY IF PAYMENT EXCEEDS RS.75000/-)

