

DBT-JRF PROGRAMME
STATEMENT OF EXPENDITURE
(For Financial Year 202__ - 202__)

Name of Fellow: _____

Fellow ID Number: _____

Name of University/Institution: _____

Showing Grant received and expenditure incurred towards Fellowship, HRA and Contingency from _____ to _____.

Particulars	Unspent balance Carried forward From previous year	Grant received during the year	Total amount (2 + 3)	Expenditure (excluding commitments) incurred during the period	Balance (4 – 5)	Remarks (if any)
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fellowship						
HRA						
Contingency						
Total						

Supervisor
 (Signature & Stamp)
 Date:

Finance/ Accounts Officer
 (Signature & Stamp)
 Date:

Head/ Dean/ Director
 (Signature & Stamp)
 Date: