Details About Funds Received from Govt Agencies / Non Govt Agencies

Sl No.	Name of the Funding agency	2018-19	2019-20	2020-21	2021-22	2022-23
1	PMJAY – AYUSHMAN BHARAT	34,44,969	1,79,94,322	1,44,54,315	2,87,82,654	5,38,75,971
2	CAPF – AYUSHMAN BHARAT	-	-	-	-	8,10,810
3	CGHS	-	-	-	-	-
4	ECHS	-	-	4,60,696	11,95,896	27,08,816
5	ESIC	-	-	-	97,268	21,15,197
6	CARI	-	-	-	-	-
7	IFFCO	-	-	-	2,25,595	-
8	IVRI	-	5,75,492	4,69,677	21,02,427	26,60,179
9	UP GOVT. MINISTRY FUND	41,77,800	-	1,78,97,071	2,68,48,318	4,35,88,017
10	ICMR	-	-	-	8,94,520	-

Bareilly International University
Registrar
Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

संख्या -एफ- 573 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रेषक,

बृजेश कुमार सिंह
अनु सचिव (लेखा) मुख्यमंत्री,
उत्तर प्रदेश शासन ।

सेवा में

MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT
BY PASS RD BAREILLY

मुख्यामंत्री कार्यालय लेखा अनुभाग-2(वि०को०) लखनऊ , दिनांक : 28-02-2023

विषय- मुख्यमंत्री विवेकाधीन कोष से उपचार हेतु स्वीकृत आर्थिक सहायता ।

महोदय,

मुझे आपसे यह कहने का निर्देश हुआ है कि संलग्नक में उल्लिखित व्यक्ति/व्यक्तियों के उपचार हेतु, उनके नाम के सम्मुख अंकित धनराशि मा० मुख्यमंत्री विवेकाधीन कोष से स्वीकृत की गयी है । कुल स्वीकृत धनराशि का कोषागार, जवाहर भवन,लखनऊ/रिजर्व बैंक ऑफ़ इंडिया के UTR संख्या RBI0602323033694 दिनांक 28-02-2023 अंकन रू 675300 (छः लाख पचहत्तर हज़ार तीन सौ मात्र) संलग्न है।

2. यदि किसी प्रकरण में चालू वित्तीय-वर्ष में एक बार से अधिक धनराशि स्वीकृत हो गयी है तो प्रथम बार स्वीकृत धनराशि के अतिरिक्त अन्य स्वीकृत धनराशि का उपयोग केवल अतिरिक्त सहायता स्वीकृत के प्रकरण में ही किया जाए जिन प्रकरणों में अतिरिक्त सहायता का उल्लेख न हो, उन प्रकरणों में प्रथम बार के अतिरिक्त स्वीकृत धनराशि को वापस कर दिया जाए।

3. कृपया, स्वीकृत धनराशि का उपयोग सम्बन्धित लाभार्थी के उपचार पर ही किया जाए।

4. स्वीकृत धनराशि के सापेक्ष उपयोग की गई धनराशि का व्यय विवरण प्रत्येक माह सी०एम०आर०एफ० पोर्टल पर ऑनलाइन दर्शाया जाए।

5. धनराशि का पूर्ण उपयोग हो जाने अथवा लाभार्थी के उपचार की आवश्यकता न रह जाने की दशा में/ पूर्ण उपयोगिता प्रमाण-पत्र सत्यापित मूल बिल/वाउचर्स आदि के साथ ऑनलाइन प्रेषित किया जाना सुनिश्चित करेंगे ।

6. 6. स्वीकृत धनराशि में से अप्रयुक्त/अवशेष धनराशि को यथाशीघ्र अनु सचिव (लेखा), मुख्यमंत्री, उत्तर प्रदेश शासन के पक्ष में भारतीय स्टेट बैंक, जवाहर भवन शाखा, लखनऊ पर देय बैंक ड्राफ्ट के माध्यम से उपलब्ध अथवा उत्तर प्रदेश सरकार की वेबसाइट https://cmrf.up.gov.in पर उपलब्ध 'Pay Online' विकल्प में लेखा शीर्षक संख्या 0070-अन्य प्रशासनिक सेवाये- 60- अन्य सेवाये- 800-अन्य प्राप्तियाँ-07 अन्य प्रकीर्ण प्राप्तियाँ मद में चालान के माध्यम से जमा कराने के उपरान्त ई-चालान का समस्त विवरण उत्तर प्रदेश शासन को प्रेषित करना सुनिश्चित करने का कष्ट करें ।

भवदीय

संलग्नक:- उपरोक्तानुसार ।

Digitally Signed By
बृजेश कुमार सिंह
अनु सचिव (लेखा) ।
2023-02-28 16:26:48.73321

संख्या -एफ- 573 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाहीं हेतु प्रेषित :-

1. सम्बन्धित जिलाधिकारी को इस अनुरोध के साथ कि कृपया प्रकरणों में स्वीकृत धनराशियों की सूचना सम्बन्धित मा० संस्तुतिकर्ता व लाभार्थी को अपने स्तर से भी उपलब्ध कराते हुए संगत अभिलेखों में अंकन कराने का कष्ट करें।

2. सम्बन्धित लाभार्थी के पंजीकृत मोबाइल नं० पर इस आशय से संदेश प्रेषित कि कृपया चिकित्सालय से सम्पर्क कर उपचार करायें।

आज्ञा से,
बृजेश कुमार सिंह

Bareilly International University Registrar Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

अनु सचिव (लेखा) ।

2023-02-28 16:26:48.73321

संख्या -एफ- 573 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023 , दिनांक: 2023-02-28 16:26:48.73321 का संलग्नक

क्र० सं०	आवेदन संख्या	लाभार्थी का नाम व पता	प्रयोजन	अस्पताल पंजीकरण संख्या	धनराशि
1	14115123000016	फरमीदा बेगम पत्नी श्री वारिश अली,, मो० ढका ज० पूरनपुर, वार्ड नं०–15, तहसील - पूरनपुर, जिला – पीलीभीत।	उपचार हेतु सहायता	00000	₹300000/- (रुपये ₹ तीन लाख मात्र मात्र)
	द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY				
2	14114923000011	मुकेश पाल पुत्र श्री झाझन लाल ,, नि0ग्राम हसनपुर पोस्ट मझारा ब्लाक समरेर थाना व तहसील दातागंज जिला बदायूँ	कैंसर के उपचार हेतु सहायता	00000	₹200000/- (रुपये ₹ दो लाख मात्र मात्र)
	द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY				
3	14114923000016	महेश सिंह पुत्र श्री ओमकार सिंह ,, नि0ग्राम इटौआ पोस्ट पेंपल परगना सतासी तहसील बिसौली जिला बदायूँ	उपचार हेतु सहायता	CR NO-4535748	₹175300/- (रुपये ₹ एक लाख पचहत्तर हज़ार तीन सौ मात्र मात्र)
	द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY				
		कुल धनराशि	छः लाख पचहत्तर हज़ार तीन सौ मात्र		675300

Bareilly International University Registrar Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

संख्या -एफ- 608 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रेषक,

बृजेश कुमार सिंह
अनु सचिव (लेखा) मुख्यमंत्री,
उत्तर प्रदेश शासन।

सेवा में

MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT
BY PASS RD BAREILLY

मुख्यामंत्री कार्यालय लेखा अनुभाग-2(वि०को०) लखनऊ , दिनांक : 24-03-2023

विषय- मुख्यमंत्री विवेकाधीन कोष से उपचार हेतु स्वीकृत आर्थिक सहायता।

महोदय,

मुझे आपसे यह कहने का निर्देश हुआ है कि संलग्नक में उल्लिखित व्यक्ति/व्यक्तियों के उपचार हेतु, उनके नाम के सम्मुख अंकित धनराशि मा० मुख्यमंत्री विवेकाधीन कोष से स्वीकृत की गयी है। कुल स्वीकृत धनराशि का कोषागार, जवाहर भवन,लखनऊ/रिजर्व बैंक ऑफ़ इंडिया के UTR संख्या RBI0842371185053 दिनांक 24-03-2023 अंकन रू 500000 (पांच लाख मात्र) संलग्न है।

2. यदि किसी प्रकरण में चालू वित्तीय-वर्ष में एक बार से अधिक धनराशि स्वीकृत हो गयी है तो प्रथम बार स्वीकृत धनराशि के अतिरिक्त अन्य स्वीकृत धनराशि का उपयोग केवल अतिरिक्त सहायता स्वीकृत के प्रकरण में ही किया जाए जिन प्रकरणों में अतिरिक्त सहायता का उल्लेख न हो, उन प्रकरणों में प्रथम बार के अतिरिक्त स्वीकृत धनराशि को वापस कर दिया जाए।

3. कृपया, स्वीकृत धनराशि का उपयोग सम्बन्धित लाभार्थी के उपचार पर ही किया जाए।

4. स्वीकृत धनराशि के सापेक्ष उपयोग की गई धनराशि का व्यय विवरण प्रत्येक माह सी०एम०आर०एफ० पोर्टल पर ऑनलाइन दर्शाया जाए।

5. धनराशि का पूर्ण उपयोग हो जाने अथवा लाभार्थी के उपचार की आवश्यकता न रह जाने की दशा में/ पूर्ण उपयोगिता प्रमाण-पत्र सत्यापित मूल बिल/वाउचर्स आदि के साथ ऑनलाइन प्रेषित किया जाना सुनिश्चित करेंगे।

6. 6. स्वीकृत धनराशि में से अप्रयुक्त/अवशेष धनराशि को यथाशीघ्र अनु सचिव (लेखा), मुख्यमंत्री, उत्तर प्रदेश शासन के पक्ष में भारतीय स्टेट बैंक, जवाहर भवन शाखा, लखनऊ पर देय बैंक ड्राफ्ट के माध्यम से उपलब्ध अथवा उत्तर प्रदेश सरकार की वेबसाइट https://cmrf.up.gov.in पर उपलब्ध 'Pay Online' विकल्प में लेखा शीर्षक संख्या 0070-अन्य प्रशासनिक सेवाये- 60- अन्य सेवाये- 800-अन्य प्राप्तियाँ-07 अन्य प्रकीर्ण प्राप्तियाँ मद में चालान के माध्यम से जमा कराने के उपरान्त ई-चालान का समस्त विवरण उत्तर प्रदेश शासन को प्रेषित करना सुनिश्चित करने का कष्ट करें।

भवदीय

संलग्नक:- उपरोक्तानुसार।

Digitally Signed By
बृजेश कुमार सिंह
अनु सचिव (लेखा)।
2023-03-24 17:05:22.538497

संख्या -एफ- 608 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023

प्रतिलिपि: निम्नलिखित को सूचनार्थ एवं आवश्यक कार्यवाहीं हेतु प्रेषित :-

1. सम्बन्धित जिलाधिकारी को इस अनुरोध के साथ कि कृपया प्रकरणों में स्वीकृत धनराशियों की सूचना सम्बन्धित मा० संस्तुतिकर्ता व लाभार्थी को अपने स्तर से भी उपलब्ध कराते हुए संगत अभिलेखों में अंकन कराने का कष्ट करें।

2. सम्बन्धित लाभार्थी के पंजीकृत मोबाइल नं० पर इस आशय से संदेश प्रेषित कि कृपया चिकित्सालय से सम्पर्क कर उपचार करायें।

Bareilly International University ★ Bareilly ★ Registrar

आज्ञा से,

बृजेश कुमार सिंह

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

अनु सचिव (लेखा) ।

2023-03-24 17:05:22.538497

संख्या -एफ- 608 चौतीस/मु.म.का -लेखा-2 (वि.को.)/ 2023 , दिनांक: 2023-03-24 17:05:22.538497 का संलग्नक

क्र० सं०	आवेदन संख्या	लाभार्थी का नाम व पता	प्रयोजन	अस्पताल पंजीकरण संख्या	धनराशि
1	14150230001632	श्री गोपाल पुत्र श्री मंगली राम ,, नि0 ग्राम दुनकी ब्लॉक शेरगढ तह0 मीरगंज जिला-बरेली	उपचार हेतु सहायता	00000	₹500000/- (रुपये ₹ पांच लाख मात्र मात्र)

द्वारा:- MEDICAL SUPERIENTENDENT, ROHILKHAND MEDICAL COLLEGE HOSPITAL,PILIBHIT BY PASS RD BAREILLY

कुल धनराशि	पांच लाख मात्र	500000

Bareilly International University
Registrar
Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

Indian Council of Medical Research
Department of Health Research, Ministry of Health and Family Welfare, Government of India

MERA/31/2021-ECD-II

Dated: 07-09.2021

To,

The Dean,
Rohilkhand Medical College & Hospital
Bareily 243006

Subject:-Sanction and budget allotment for the New Schemes entitled:- "Community behavior and its determinants in relation to malaria prevention and control in Bareilly" under Dr. Deepak Upadhyay, Associate Professor, Rohilkhand Medical College & Hospital, Bareilly.

Sir,

The Director General of the Council sanctions the above mentioned research scheme initially for a period of **One Year** subject to extension upto the total duration specified in para 3(3) below.

The Director General of the Council also sanctions the budget allotment of **Rs.8,94,520/- (Eight Lakh Ninety Four Thousand Five Hundred And Twenty Only)** as detailed in the attached statement for the period w.e.f **17.09.2021** year ending on **16.09.2022** during the current financial year **2021-22.**

The grant-aid will be given subject to the following conditions:-

1. The payment of the grant will be made in lump-sum to the Head of the Institution. The first installment of the grant will be paid generally as soon as a report regarding the commencement of the project and appointment of the staff is received by the Council. The demand for payment of the subsequent installment of the grant should be placed with the Council in the prescribed Performa attached.

2. The staff appointed on the project should be paid as indicated in the budget statement attached.

3. The approved duration of the scheme is for **2 Years.** The annual extension will be given after review of the work done on the scheme during the previous year.

4. Fifteen copies of the Annual Progress Report of work done be submitted to the Council every year after completion of ten months of the project. Failure to submit the report in time may lead to termination of the project.

Bareilly International University ★ Registrar ★ Bareilly

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

5. The institute will maintain a **Separate Saving Bank Account** of the receipts and the expenditure incurred on the scheme and will furnish a utilization certificate and an audited statement of account pertaining to the grant.

6. **The grant shall be utilized after following provision laid down in GFR-2017 and TA rules.**

7. The other terms and conditions are indicated in the website of ICMR (www.icmr.nic.in) for "Guidelines for operation of projects for Grantees of ICMR's Extramural Research Projects". The receipt of this letter may please be acknowledged.

8. You are advised to seek concurrence of the council before disseminating the findings to journal, media or repositories."

Yours faithfully,

07/9/21

(Harjeet Kaur Bajaj)
Administrative Officer

No. MERA/31/2021-ECD-II

Copy to:-

1. **Dr. Deepak Upadhayay, Associates Professor, Rohilkhand Medical College & Hospital, Bareilly.**
2. Copy together with a copies of the budget statement forwarded to the **Accounts Section-V, ICMR** for information and necessary action.
   RFC No.(P-42)/ECD/Other Programme/17/2021-22 dated 30.07.2021
3. Mrs. Vandana, Sr. Technical Officer-II, ICMR
4. IRIS ID No-2020-6047N

Administrative Officer

वी. रामलिंगास्वामी भवन, पोस्ट बॉक्स नं. 4911
अंसारी नगर, नई दिल्ली - 110 029, भारत
V. Ramalingaswami Bhawan, P.O. Box No. 4911,
Ansari Nagar, New Delhi - 110 029, India

Tel: +91-11-26589889 / 26588980 / 26589731
+91-11-26589836 / 26588707
Fax: +91-11-26589662 E-mail: icmr@nic.in

national University Registrar * Bareilly *

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

Rohilkhand Medical College & Hospital
Pilibhit By-Pass Road, Bareilly
Phone no. 0581-2526011, 12, 14

No: RMCH/1115/2023 Date: 03-07-2023

Utilization Certificate
(Annual)

Certified that out of Rs **8,94,520 only** of grants-in-aid sanctioned during the **Financial year 2021-2022** in favour of **The Dean, Rohilkhand Medical College & Hospital** under ICMR Letter No **MERA/31/2021-ECD-II dated:07/09/2021,** a sum of Rs **7,56,382 only** has been utilized for the purpose of conducting research titled **Community behavior and its determinants in relation to Malaria prevention and control in Bareilly, Uttar Pradesh** for which it was sanctioned and that the balance of Rs. **1,78,738 only** remaining unutilized at the end of the year and will be adjusted towards the grants-in-aid payable during the next year i.e. **from 06-01-2023 to 05-01-2024**.

For Rohilkhand Medical College & Hospital

Upadhyay 30/6/2023

Signature of Principal Investigator with date

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, प्राध्यापक
Department of Community Medicine
सामुदायिक चिकित्सा विभाग
Rohilkhand Medical College & Hospital, Bareilly
रोहिलखंड मेडिकल कॉलेज एवं अस्पताल, बरेली
Ph. No: 0583-2526011,12,14

05/07/2023

Signature of The Dean of the Institute with date

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

Account Officer

Signature of Accounts Officer of the Institute with date 3/7/23

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

Rohilkhand Medical College & Hospital

Pilibhit By-Pass Road, Bareilly

Phone no. 0581-2526011, 12, 14

No. RMCH/1115/2023 Date: 03-07-2023

Check list for covering note to accompany Utilization Certificate of grant for the project for the period from 06-01-2022 to 05-01-2023

1) Title of the Project - **Community behavior and its determinants in relation to Malaria prevention and control in Bareilly, Uttar Pradesh**

2) Name of the Institutions – **Rohikhand Medical College & Hospital, Bareilly**

3) Principal Investigator - **Dr Deepak Upadhyay**

4) ICMR letter No. and date sanctioning the project. : **MERA/31/2021-ECD-II dated:07/09/2021**

5) Head of account as given in the original sanction letter : **The Dean, Rohilkhand Medical College & Hospital**

6) Amount received during the year (Please give No. & Date of ICMR's sanction letter for the amount and period) : INR **8,94,520 only**

7) Total amount that was available for expenditure (excluding commitments) during the year (Sl.No.6+7) = INR **8,94,520 only**

8) Actual expenditure (excluding commitments) incurred during the year. INR **7,56,382 only**

9) Balance amount available at the end of the year. **INR 1,78,738 only**

10) Amount already committed, if any.

11) Amount to be carried forward to the next year (if applicable). Indicate the amount already committed with supporting documents. **INR 1,78,738 only**

For Rohilkhand Medical College & Hospital

Account Officer
31/7/23

Upadhyay 30/6/2023

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, प्राचार्य
Department of Community Medicine
Rohilkhand Medical College & Hospital
Bareilly (U.P.)
Ph. No.

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708EC9D687F06B89F4196B9325326C00EECB0FE0B2CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

Rohilkhand Medical College & Hospital
Pilibhit By-Pass Road, Bareilly
Phone no. 0581-2526011, 12, 14

No.RMCH/1115/2023

Date: 03-07-2023

Annual Statement of Accounts
(Period from 06-01-2022 to 05-01-2023)

1. Sanction Letter No. : MERA/31/2021-ECD-II dated:07/09/2021
2. Total Project Cost : Rs 8,94,520 only for 1st year
3. Sanction /Revised Project cost (if applicable) : Rs
4. Date of Commencement of Project : 06-01-2022
5. Proposed Date of Completion : 05-01-2024
6. Statement of Expenditure : **From 06-01-2022 To 05-01-2023**

S. No.	Sanctioned / Heads	Funds Allocated	Expenditure Incurred		Balance as on (Date)	Remarks
			I Year	II Year		
1.	Salaries	5,04,000	4,68,000		36,000	As staffs were recruited from March, 2023
2.	Contingencies					
2.1.	Non-recurring (Equipments)	2,45,400	1,46,898		98,102	As Qualitative data software was not purchased
2.2	Recurring (Supplies, Materials, Consumables, etc.)	80,000	67,143		12,858	
3.	Travel	48,000	48,000		0	
4.	Overhead Expenses	17,520	10,342		7178	For attending training under Recurring expenditure
5.	Others (if any)	-	-		24,600	Interest on amount in saving account
	Total	8,94,520	7,56,382		1,78,738	

Upadhyay 30/6/2023

Signature of Principal Investigator
with date

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, आचार्य
Department of Community Medicine
सामुदायिक चिकित्सा विभाग
Rohilkhand Medical College & Hospital, Bareilly
रोहिलखंड मेडिकल कॉलेज एवं अस्पताल, बरेली

For Rohilkhand Medical College & Hospital

Signature of Accounts Officer
With date

Assistant Officer

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

Rohilkhand Medical College & Hospital
Pilibhit By-Pass Road, Bareilly
Phone no. 0581-2526011, 12, 14

No: RMCH/1115/2023 Date: 03-07-2023

Utilization Certificate
(Annual)

Certified that out of Rs **8,94,520 only** of grants-in-aid sanctioned during the **Financial year 2021-2022** in favour of **The Dean, Rohilkhand Medical College & Hospital** under ICMR Letter No **MERA/31/2021-ECD-II dated:07/09/2021,** a sum of Rs **7,56,382 only** has been utilized for the purpose of conducting research titled **Community behavior and its determinants in relation to Malaria prevention and control in Bareilly, Uttar Pradesh** for which it was sanctioned and that the balance of Rs. **1,78,738 only** remaining unutilized at the end of the year and will be adjusted towards the grants-in-aid payable during the next year i.e. **from 06-01-2023 to 05-01-2024**.

For Rohilkhand Medical College & Hospital

Upadhyay 30/6/2023

Signature of Principal Investigator with date

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, प्राध्यापक
Department of Community Medicine
सामुदायिक चिकित्सा विभाग
Rohilkhand Medical College & Hospital, Bareilly
रोहिलखंड मेडिकल कॉलेज एवं अस्पताल, बरेली
Ph. No: 0583-2526011,12,14

05/07/2023

Signature of The Dean of the Institute with date

DEAN/PRINCIPAL
Rohilkhand Medical College & Hospital
BAREILLY

Account Officer

Signature of Accounts Officer of the Institute with date 3/7/23

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

Rohilkhand Medical College & Hospital

Pilibhit By-Pass Road, Bareilly

Phone no. 0581-2526011, 12, 14

No. RMCH/1115/2023 Date: 03-07-2023

Check list for covering note to accompany Utilization Certificate of grant for the project for the period from 06-01-2022 to 05-01-2023

1) Title of the Project - **Community behavior and its determinants in relation to Malaria prevention and control in Bareilly, Uttar Pradesh**

2) Name of the Institutions – **Rohikhand Medical College & Hospital, Bareilly**

3) Principal Investigator - **Dr Deepak Upadhyay**

4) ICMR letter No. and date sanctioning the project. : **MERA/31/2021-ECD-II dated:07/09/2021**

5) Head of account as given in the original sanction letter : **The Dean, Rohilkhand Medical College & Hospital**

6) Amount received during the year (Please give No. & Date of ICMR's sanction letter for the amount and period) : INR **8,94,520 only**

7) Total amount that was available for expenditure (excluding commitments) during the year (Sl.No.6+7) = INR **8,94,520 only**

8) Actual expenditure (excluding commitments) incurred during the year. INR **7,56,382 only**

9) Balance amount available at the end of the year. **INR 1,78,738 only**

10) Amount already committed, if any.

11) Amount to be carried forward to the next year (if applicable). Indicate the amount already committed with supporting documents. **INR 1,78,738 only**

For Rohilkhand Medical College & Hospital

Account Officer
31/7/23

Upadhyay 30/6/2023

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, प्राचार्य
Department of Community Medicine
Rohilkhand Medical College & Hospital
Bareilly (U.P.)
Ph. No.

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708EC9D687F06B89F4196B9325326C00EECB0FE0B2CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0

Rohilkhand Medical College & Hospital
Pilibhit By-Pass Road, Bareilly
Phone no. 0581-2526011, 12, 14

No.RMCH/1115/2023

Date: 03-07-2023

Annual Statement of Accounts
(Period from 06-01-2022 to 05-01-2023)

1. Sanction Letter No. : MERA/31/2021-ECD-II dated:07/09/2021
2. Total Project Cost : Rs 8,94,520 only for 1st year
3. Sanction /Revised Project cost (if applicable) : Rs
4. Date of Commencement of Project : 06-01-2022
5. Proposed Date of Completion : 05-01-2024
6. Statement of Expenditure : **From 06-01-2022 To 05-01-2023**

S. No.	Sanctioned / Heads	Funds Allocated	Expenditure Incurred		Balance as on (Date)	Remarks
			I Year	II Year		
1.	Salaries	5,04,000	4,68,000		36,000	As staffs were recruited from March, 2023
2.	Contingencies					
2.1.	Non-recurring (Equipments)	2,45,400	1,46,898		98,102	As Qualitative data software was not purchased
2.2	Recurring (Supplies, Materials, Consumables, etc.)	80,000	67,143		12,858	
3.	Travel	48,000	48,000		0	
4.	Overhead Expenses	17,520	10,342		7178	For attending training under Recurring expenditure
5.	Others (if any)	-	-		24,600	Interest on amount in saving account
	Total	8,94,520	7,56,382		1,78,738	

Upadhyay 30/6/2023

Signature of Principal Investigator
with date

Dr. Deepak Upadhyay, Professor
डॉ. दीपक उपाध्याय, आचार्य
Department of Community Medicine
सामुदायिक चिकित्सा विभाग
Rohilkhand Medical College & Hospital, Bareilly
रोहिलखंड मेडिकल कॉलेज एवं अस्पताल, बरेली

For Rohilkhand Medical College & Hospital

Signature of Accounts Officer
With date

Assistant Officer

SUSHIL KUMAR THAKUR

Digitally signed by SUSHIL KUMAR THAKUR
DN: C=IN, O=Personal, PostalCode=302033, S=Rajasthan, SERIALNUMBER=C973379113FC8D793F2708FC9D687F06B89F4196B9325326C00EECB6FEC22CC0, CN=SUSHIL KUMAR THAKUR
Reason: your signing reason here
Location: your signing location here
Date: 2024.09.23 19:14:41+05'30'
Foxit PDF Editor Version: 2024.1.0