

FIST PROGRAM

PROJECT No.

PROJECT COMPLETION REPORT

Submitted to
Department of Science & Technology

Name of the Department
With Postal Address

FORMAT - 1

DST – Fund for Improvement in S&T Infrastructure(FIST 2000)

Department/ School of -----(Project No.)

Brief Outline Department (not more than 5 lines)

Teaching & Research Activities (not more than 5 lines)

Facilities Created

[Brief about Facilities costing more than Rs 5 lakh in not more than 3 lines. Attach Photograph (6"x 4" size) of the Facilities created]

Funding

For further details contact.

Professor -----
Head/ Coordinator

Department/ School of -----
[Address]

Tel. No. ----- (o), ----- ®
Fax no.
Email ID.

FORMAT - 2

Pro-forma for Report for utilization of FIST support

1. Name of Department and University
2. Address for communication (Name and address of the Head of the Department with e-mail and telephone/fax numbers)
3. Date and ref. No. of DST Sanction letter
4. Details of the Grants

<i>Budget Heads</i>	<i>Amount Sanctioned with Date</i>	<i>Amount Received with Date</i>
<i>a. Equipment</i>		
<i>b. Infrastructure</i>		
<i>c. Networking</i>		
<i>d. Maintenance</i>		
<i>e. Total</i>		

5. Equipment ordered/purchased/installed:

<i>Name (with Model & Make)</i>	<i>Order Date</i>	<i>Installation date</i>	<i>Cost in INR</i>

6. Details of Infrastructure developed:

7. Details of Networking:

(Specify if the Internet facility is available to UG/PG/research students)

8. Utilization of the facilities created under FIST support:

- a. For teaching: list the Classroom use of equipment and new experiments introduced, if any.
- b. For research: Identify the research programs, including names of groups or individual faculty members, who are using the major equipment (> 5 lakhs) acquired with the FIST support

9. Details of full length research publications (in peer-reviewed journals) during the period under report

10. Sponsored research projects in operation during the period under report (please provide name/s of PI/Co-PIs, title of the project, funding agency and total quantum of external support)

... Contd. 2

11. Utilization of Equipment from outside the department
12. SELF-ASSESSMENT OF THE IMPACT OF FIST SUPPORT: Please specifies if any of the following activity emerged/ improved as a consequence of the FIST support:
 - a. New class-room experiments at B.Sc./ M.Sc. or other levels
 - b. Success of students at national level tests (various PG/Ph.D. entrance tests and tests for JRF etc)
 - c. Any new research project that emerged on the basis of the FIST support
 - d. Did the newly created facility lead to betterment of quality of research publications
 - e. Any training program/ workshop organized by the department during the period of report, specially those involving the newly created facility)
13. Is any problem faced in utilization of the grant/facilities?

A report highlighting the research activities of the department during the period under review may also be provided.

FIST Program

CONSOLIDATED STATEMENT OF EXPENDITURE (SE) (for the Year of Project Starting to Project Completion)

1. Sanction Order No. & Date :
2. Total Sanctioned Project Cost (in Rs):
3. Date of Commencement of the Project:
4. Grant Received in each year (in Rs):

1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	Interest, if any	Total

5. Statement of Expenditure

Sr. no.	Sanctioned Budget Heads	Allocation of Funds (in Rs)	Expenditure incurred (Financial year-wise) (in Rs)						Balance as on 1 st April, 20.. (in Rs)	Remarks , if any
			1 st Year	2 nd Year	3 rd Year	4 th Year	5 th Year	Total		
1.	Equipment (E)									
2.	Net Working & Computational Facilities (NW)									
3.	Infrastructure Facilities (IF)									
4.	Maintenance (M)									
5.	Total									

Name & Signature
of Head of Department/
Project Coordinator

Date:

Name & Signature of Competent
Financial Authority

Date:

Note:

1. *Expenditure under the sanctioned Heads, at any point of time should not exceed funds allocated under that Head, without prior approval of DST.*
2. *Utilization Certificate for each financial year ending 31st March has to be enclosed along with request for carry forward permission to next year.*

FIST Program

CONSOLIDATED UTILIZATION CERTIFICATE (UC) (for the Year of Project Starting to Project Completion)

1. Name of the Department & Institute/ University :
2. Name of the Head of Department/ Project Coordinator:
3. Sanction Order No. & Date:
4. Head of Account as given in original Sanction Order:
5. Amount brought forward from the previous financial year:
[Order No., Date, & Amount in Rs]
6. Amount received during the financial year:
[Order No., Date, & Amount in Rs]
7. Interest earned, if any : Rs
8. Total amount available for expenditure (excluding commitments): Rs
[Sl. no. 5 + 6 + 7]
9. Actual Expenditure (excluding commitments) incurred during
Financial year (up to 31st March): Rs
10. Balance amount available at the end of the financial year:
11. Unspent balance refunded if any (give details of Cheques/ Drafts etc): Rs
12. Amount to be carried forward to the financial year (if applicable): Rs

Certificate

Certified that out of Rs ----- of grant-in-aid sanctioned during the year ----- in favour of ----- under the Ministry/ Department Order No. ----- and Rs ----- on account of unspent balance of previous year, a sum of Rs ----- has been utilized for the purpose of ----- for which it was sanctioned and the balance amount of Rs ----- remaining unutilized at the end of the year has been surrendered to Government (vide Challan no.----- dated -----) / will be adjusted towards the grant-in aids payable during the next year ----- .

Signature of the Head of
the Department/ Project
Coordinator

Signature of Accounts
Officer

Signature of the
Head of Institute/
University

Date:

Date:

Date:

(To be filled in at DST)

Certified that I have satisfied myself that the conditions on which the grants-in-aids was sanctioned has been fulfilled/ are being fulfilled and 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.
- 2.
- 3.

Signature/ Designation/ Date

Details of Equipment acquired under FIST Program

<u>Name of the Equipment</u>	
Model Number	
Complete Specifications	
Details of Manufacturer	
Name	
Address	
City	
PIN	
State	
Phone	
Fax	
Email	
Details of Local Agent / Supplier	
Name	
Address	
City	
PIN	
State	
Phone	
Fax	
Email	
Actual Cost (in Foreign Exchange)	
Actual Cost (in Indian Rupees)	
Used for	
Scanned Photograph of the Equipment (Front View)	

Head wise Expenditure Details:

1. Equipment Head (E):

Sr. No.	Name of the Equipment/ Item	Total Cost (total cost of equipment after paying all charges)	Date of Installation
1.			
2.			

TOTAL*

*Note: The total cost mentioned here should tally with total expenditure shown in Statement of Expenditure (SE) under **Equipment Head**.

2. Networking Head (NW):

Sr.No.	Name of the Item procured for Computer Lab	Total Cost (total cost of equipment/item after paying all charges)	Date of Installation
1.			
2.			

TOTAL*

*Note: The total cost mentioned here should tally with total expenditure shown in Statement of Expenditure (SE) under **Networking Head**.

3. Infrastructure Head (IF):

Sr.No.	Name of the Item procured/activities carried out including Books acquired	Total Cost (total payment towards renovation, up gradation of labs, Books acquired, etc)	Date of Completion o f Work/Date of acquiring of items, Books etc.
1.			
2.			

TOTAL*

*Note: The total cost mentioned here should tally with total expenditure shown in Statement of Expenditure (SE) under **Infrastructure Head**. Separate List of Books acquired also to be provided.

4. Maintenance Head (M):

Sr.No.	Name of Items	Total Cost	Date on which expenditure was made
1.			
2.			

TOTAL*

*Note: The total cost mentioned here should tally with total expenditure in Statement of Expenditure (SE) under **Maintenance Head**.