

INFORMATION SHEET ON SDT

1. Name of the College :
2. No. of Total Girl Students :
3. No. of Students Completed Training :
4. No. of Students for which bill submitted :
5. Expenditure
- a. Food :
- b. Master Trainer :
- c. Contingency :
-
- TOTAL : (Rupees _____ only)

Signature of the Principal
(with seal)

From No. – I

Name of the Nodal / Sub-Nodal College: - _____, Name of the College: - _____

Group No.	Duration of Training	Name of the Trainer	Venue	No. of Girl Students attended	Time	Signature of Officer-in-Charge

Signature of OIC (SDT).

Signature of the Principal,

From No. – II

Name of the Nodal / Sub-Nodal College: - _____ Name of the College: - _____

Master Trainers Payment / Incentive Schedule

Sl. No.	Name of the Master Trainer with Roll No.	Period of Training	Amount Received	Date of Receipt	Signature

Amount paid by me for SDT

Signature of OIC (SDT).

Verified by OIC Accounts

Signature of the Principal,

Passed for payment of Rs. _____

(Rupees _____ only)

Amount has been utilised for the purpose of Self-Defence Training for girls.

Principal of the College
with seal.

Principal of the College
with seal.

Name of the College _____, Name of the Nodal College: - Ravenshaw Junior College, Cuttack

Head of Expenditure- Food Packets / Snack

Name of the Sub-Nodal College _____

Duration of Training from _____ to _____ (12 working days)

Group No. _____,

Name of the Master Trainer _____

Sl. No.	Dates of Training	Vouchers No	No. of Participants	No. of food Packets / Snacks Supplied	Rate per Packet	Amount Due	Remark
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

Amount paid by me for SDT

Total Amount:

Signature of OIC, SDT

(Rupees _____ only)

Amount has been utilized for the purpose of Self Defence Training for girls.

Passed for payment of Rs. _____

(Rupees _____ only)

Principal of the College with seal

Principal with Seal.

Name of the College _____,
Head of Expenditure – Miscellaneous / Contingency

Name of the Nodal College - Ravenshaw Junior College, Cuttack
Name of the Sub-Nodal College _____

Group No _____

Training Period from _____ to _____

Sl. No.	Dates	Purpose of Money Spent	Voucher No.	Amount	Amount spent by college Authority or any authorised person	Remark
1						
2						
3						
4						
5						
6						
7						
8						

Paid by me for SDT

Total Amount:-

(Rupees _____ only)

Signature of OIC, SDT

Verified by OIC, Accounts

Counter Signature of the Principal

I _____ hereby declare that I will refund the excess amount if any paid to me when I am called for the purpose.

Passed for payment of Rs. _____

(Rupees _____ only)

Signature of the Recipient

Principal of the college with seal.

Amount has been utilized for the purpose of SDT Programme for girls.

Principal of the college with seal.

N.B: - The amount must have been spent during the training programme of a batch.

BANK DETAILS OF THE BENEFICIARY / EMPLOYEE / VENDORS / PAYEE ETC.

Sl. No.	Bill No. & Date	Gross amount of the Bill	Net amount of the Bill	IFC Code	Beneficiary Name	A/c Type	Beneficiary Account No. & IFS Code	MICR No.	Mob. No.	E-mail ID (optional)
1	2	3	4	5	6	7	8	9	10	11

I hereby declared that I authorize the Treasury Officer / CEPC and PAD Reserve Bank of India, Bhubaneswar to electronically credit the entitlements / claim to the Bank Account of the Beneficiary / Employee / Employee / Vendors / Payee etc as per the details furnished above.

Signature of the Beneficiary:

Designation:

Address:.

Contact Number:

E-Mail:

Mobile No.:

Daily attendance-cum-signature sheet of the participants in SDT

SL No.	Roll No.	Name of the Student	01	02	03	04	05	06	07	08	09	10	11	12
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														
24														
25														
26														
27														
28														
29														
30														

Signature Officer-in-Charge

Signature of Master Trainer

Signature of Principal