

**Form GER 19  
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**Form GER 19-A  
[See Rule 212 (1)]**

**Form of Utilization Certificate**

Certified that out of Rs. ....Grants-in-aid sanctioned during the year  
..... In favor of .....under this Ministry / Development Letter  
no. given in the margin and Rs.....on account of unspent balance of the previous year, a  
sum of Rs. ....has been utilized for the purpose of .....For which it was  
sanctioned and that the balance of Rs. ....remaining utilized at the end of the year has been  
surrendered to Government (Vide No....., dated.....) / will be adjusted towards the  
grant-in-aid payable during the next year.

<b>SI No.</b>	<b>Letter No. and date</b>	<b>Amount</b>
	<b>Total</b>	

2. certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled / are being fulfilled and that 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.
- 4.
- 5.

Signature.....  
Designation.....  
Date.....

## Form of Utilization Certificate for projects under JNNURM

State \_\_\_\_\_

City \_\_\_\_\_

Name of the Project \_\_\_\_\_

Project Code \_\_\_\_\_

It is certified that out of Rs. \_\_\_\_\_ sanctioned as installment no. \_\_\_\_\_ for the above project an amount of Rs. \_\_\_\_\_ has been utilized as stated below.

Source of release	Date of releases	Amount released	Amount Utilized	Percentage of funds Utilized
GOI				
State				
ULB				
Beneficiary Contribution				
Bank Loan				
<b>Total</b>				

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled / are being fulfilled and that 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.
- 4.
- 5.

Signature

Municipal Commissioner \_\_\_\_\_

Secretary (UD) of State \_\_\_\_\_

WORKSHEET-1

**APPLICATION FOR SECOND INSTALLMENT OF FUNDS BY PROJECT IMPLEMENTATION AGENCIES**

<b>S. No.</b>	<b>Project attributes</b>	<b>Details</b>
<b>1</b>	<b>Name of the City</b>	
<b>2</b>	<b>Name of Project Implementing Agency</b>	
	<b>Name of Nodal Officer</b>	
	<b>Address</b>	
	<b>Pin</b>	
	<b>Phone</b>	
	<b>Fax</b>	
	<b>E-MAIL</b>	
<b>3</b>	<b>Project Title (as per JNNURM MIS)</b>	
<b>4</b>	<b>Project Code (as per JNNURM MIS)</b>	
<b>5</b>	<b>Sanctioned Project Cost (in Rs. Lacs)</b>	
<b>6</b>	<b>Date of Sanction by CSMC / EFC / CCEA</b>	
<b>7</b>	<b>Share of different sources (in % terms)</b>	
	<b>Central Share</b>	
	<b>State Share</b>	
	<b>City Share</b>	
<b>8</b>	<b>Amount of second installment requested ( in Rs. Lacs)</b>	

*Notes*

*Please apply the following instructions and links to complete the work book*

*-Project Implementing Agency should complete Worksheet 1 to 6*

*-Worksheet 7: M/O HUPA Recommendations to be filled in by M/O HUPA only*

WORKSHEET - 2

**FUNDS INFLOW AND UTILISATION**

Center	State	ULB	Beneficiary Share	Others
Centre Share	State Share	ULB Share	Benef Share	Specify

FUNDS INFLOW *amounts and dates should correspond to that recd in account of Project Implementing Agency*

Center			State			ULB			Beneficiary Share		
Source	Date of receipt	Amount	Source	Date of receipt	Amount	Source	Date of receipt	Amount	Source	Date	Amount
Govt ACA											
State											
Total			Total			Total			Total		

Center	State	ULB	Beneficiary Share	OTHERS
As % of Central Share	As % of State Share	As % of ULB Share	As % of Bene. Share	SPECIFY

**FUNDS UTILISATION**

Date of Utilization Certificate	UC Certificate Ref. No./ Amount for which submitted Letter No.	(in Rs. Lacs)
<b>TOTAL</b>		
Checks UC submitted as % of Total Funds		

**PERIODIC REPORTING**

Has Quarterly Progress Report been Submitted for the following Quarters for this project	
Reporting Quarter	Response
Apr 06 – Jun 06	
Jul 06 – Sept 06	
Oct 06 – Dec 06	
Jan 07 – Mar 07	
Apr 07 – Jun 07	
Jul 07 – Sep 07	
Oct 07- Dec 07	
Jan 08 – Mar 08	
Apr 08 – Jun 08	
Jul 08 – Sept 08	

**WORKSHEET-3**

**Progress on Reform \***

	List of Reforms committed	Status	Resolution by State Govt. / ULB to undertake reforms as committed	Remarks by State Govt. / ULB with respect to resolution required to be adopted	Detailed Milestones / steps to have been completed as on reporting date as per MoA for each area of reform	Accomplishments against detailed committed milestones / steps
1	2	3	4	5	6	7
<b>ULB Level Reform</b>						
1	(a) Internal Earmarking of funds for services to urban poor (b) Constitution of Basic Services to the Urban Poor Fund					
2	Provision of Basic Services to Urban Poor					
3	Earmarking of atleast 20-25 % of developed land in Housing Projects					
<p align="center">* The format prescribed by MoUD for monitoring of all reform is to be adopted and copy of report prepared for MOUD should be sent to M/o HUPA. In addition, details of Three (3) specific reforms must be given in the format above</p>						





## Mission Directorate

JnNURM - Submission II (Basic Services to the Urban Poor)  
Ministry of Housing and Urban Poverty Alleviation, Government of India  
G-Wing, First Floor, NBO Building, Nirman Bhavan, New Delhi

**BSUP/IHSDP**

✓ Appropriate  
(Use Separate Sheet For BSUP & IHSDP)

(Certificate for Physical Achievement)

<b>Name of Urban Local Body:</b>	
<b>Name City</b>	
<b>Name of State Level Nodal Agency</b>	
<b>Name of State/Union Territory</b>	
<b>Title of Project</b>	
<b>Completion Date of Project</b>	

S. No	Project Component	Amount Approved as per CSMC/CSC Minutes	Progress Parameter	As on reporting Date
1	2	3	4	5
	<b>Housing</b>		Sanctioned	
			Tender Floated	
			Work Order issued	
			Work started	
			Upto 25% Completed	
			25- 50% Completed	
			More than 50% Completed	
			Fully Completed	
			Occupied	
		<b>Amenities</b>		Sanctioned
			Tender Floated	
			Work Order issued	
			Work started	
			Upto 25% Completed	
			25- 50% Completed	
			More than 50% Completed	
			Fully Completed	

For Urban Local Body		State Level Nodal Agency	
Signature _____		Signature _____	
(Name of authorised officer) _____		(Name of authorised officer) _____	
Designation and Phone No. _____		Designation and Phone No. _____	
Official Seal _____		Official Seal _____	

**WORKSHEET-7**

THIS SHEET IS TO BE FILLED IN BY MISSION DIRECTORATE

Review of key performance aspects	Performance satisfaction	Remarks
Fund Inflows and Utilization		
Reforms performance		
Physical Progress		
Financial Progress		
Sanction Covenants		

Reviewed by  
Name

Date

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Approved by  
Name

Date

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