FORM NO. SSK – 27

Consolidated Activity wise Utilisation certificate for the Period _____ to _____

Name of the School or office:

BRC/DPO Name:

District Name:

We have spent amounts from the following grants during the above period for the purpose mentioned in the grant order copies and the closing balance of all grants held by the above-mentioned office or School as on the above date is **Rs. _____**

Sl. No	Nature of the grant	Opening Balance	Amount received during the period	Amount spent during the period	Closing Balance

Certified that I have satisfied myself that the conditions on which the grant-in-aid was sanctioned have been fulfilled.

Authorised Signatory

Name of the Person:

Designation:

Date:

Place: