**ICAR – Central Institute of Brackishwater Aquaculture, Chennai**

**(Proforma for drawing Contingent Advance)**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Advance is required** under ( ✓ ) Unified Budget / Plan Scheme / Projects  Name of the Project (if, in house): | | | | | | | | | Project No. |
| 1. | Name & Designation of applicant  with Employee ID No. | | |  | | | | | |
| 2. | Office & Division/Section of applicant | | | HQRS/MES/KES/KRC/NGRC | | | | | Div./Sec: |
| 3. | Purpose of Advance  (specify the activity) |  | | | | | | | |
| 4. | Amount of Advance (required) | Rs. (Direct – Rs. & Cash Rs. ) | | | | | | | |
| 5. | Item wise details of expenditure proposed | | | | | (Pl furnish in Annexure with Justification) | | | |
| a) | Whether the proposed item is available in stores? | | | | | YES / NO | | | |
| b) | Whether the item is available in GeM? | | | | | YES / NO | | | |
| If Yes, reasons for drawal of advance. | | | | |  | | | |
| c) | Whether each item’s cost exceeds Rs.25000/- | | | | | YES / NO | | | |
| If Yes, Bill should certified as per GFR-155 | | | | |  | | | |
| d) | Whether the items have been procured for the same purpose earlier? | | | | | YES / NO | | | |
| If Yes, reasons for piece meal purchase. | | | | |  | | | |
| e) | Whether Digital payment have ensured to the supplier for the payment exceeds Rs.5000/- | | | | | YES / NO | | | |
| If No, reasons for non-compliance | | | | |  | | | |
| 6 | Whether any advance is pending for settlement  If yes, details to be furnished below: | | | | | YES / NO | | | |
| Purpose for which it was drawn | | | Drawn date | | | | Amount | Date of submission of bills to office (or) reasons for non submission | |
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|  | | |  | | | |  |  | |
| Signature of applicant with Name & Designation | | | | |  | | | | |
| Remarks & recommendation of HOD/PI/OIC | | | | |  | | | | |

Office Use only File No :…………………………………..

Stores Inward No…………….. e-office Computer No……………………….  
Date:………………………… e-office Receipt No…………………………..

**Annexure of Contingent Advance application**

**ACB/ /21-22/ST Dt: (at the time of settlement)**

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| --- | --- | --- | --- | --- | --- | --- |
| Name and item(s) proposed to be procured/ executed | Quantity | Rate (Rs.) | Amount (Rs.) | Bill No.& Date | Actual Amount (Rs.) | Remarks |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
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Note: 5 & 6 may be filled at the time of settlement of advance

Signature of applicant

To be filled while settlement of advance

i) Certified that the above detailed expenditure are for the bonafide official purpose only.

ii) The rates are competitive and are not excess of the expected market rates. The items are received in good condition, quantity is/are correct, quality is/are good and suitable for the purpose. iii) The above claim has not been claimed previously iv) The work has been done satisfactorily.

Where ever the cost of item(s) exceeding Rs.25000/-, the certificate has been furnished under GFR 155 in the bill/invoice.

Signature of Drawee of the advance Signature of HOD/PI/OIC