FORMATS FOR MONTHLY, QUARTERLY AND ANNUAL STATEMENT OF EXPENDITURE (SOE)

FORM 5-A

FUND AVAILBILITY IN ESCROW ACCOUNT To be sent by email to MWCD by 5th of following month

State/UT Name	
Name of the Bank	
Account Number	
IFS Code	
Reporting month and	
year (mm/yyyy)	
Opening Balance on	
01/mm/yyyy	
Amount credited by	
MWCD during the	
month	
Amount credited by	9
State/UT during the	
month	
Amount debited	
towards maternity	
benefits during the month	
Closing balance of	
escrow account on	
last day of the	
reporting month	
reporting month	
Details of State/UT Nodal	Officer:
1) Name	
	ş
2) Designation	
-1	
3) Mobile Number	
4) Signature	
5) Date of reporting	

QUARTERLY STATEMENT OF EXPENDITURE PMMVY

Name of the State/UT:			Financial Year	T
	:I (Apr-Jun)/	II (Jul-Sep)/		IV (Jan-Mar)
SI. No.	Sanction Nos. & Date	Amount (in ₹)	aid sanctioned upto the I	of grant-in- /II/II/IV Quarter of year under this
2.			Ministry/ Department le and ₹	etter(s) number given in the margin on account of unspent revious year, a sum of ₹
3.				has been utilized for the purpose of for which it was
5.	Unspent balance of Previous Year			that the balance of ₹ remaining unutilized at /II/III/IV of the year.
6. condition	Total ons on which the grants-i to see that the money wa	n-aid was sanction as actually utilized		I have satisfied myself that the and that I have exercised the following t was sanctioned.
	Kinds of checks exercise	ed:		
	1.			
	2.			
	3.			
	4.			
			Sig	gnature
			Design	nation
			Da	ite

PART B: PHYSICAL

	Number of PMMVY AWCs/VILLAGE Details of Contractual Staff:					
S. No.	Name of Post	No. Sanctioned	No. in Position	Monthly Remuneration (in ₹)	Expenditure in Quarter I/II/III/IV (in ₹ Lakhs)	Cumulative Expenditure Upto Quarter I/II/III/IV (in ₹ Lakhs)
1.	State Programme Coordinator					
2.	State Programme Assistant					
3.	District Programme Coordinator		*			
4.	District Programme Assistant					
	Total					
4.	Number of beneficiaries who receic CAS):	ved (put up de		st Instalment		
				11.14	N	
			2'	nd Instalment		
				rd Instalment		
5.	No. of beneficiaries who received	all due instalm	3			
5. 6.	No. of beneficiaries who received A. Number of Project/Health block committee meeting held:		3 nents:	rd Instalment		
	A. Number of Project/Health block	c-level PMMV	3 ents: Ysteering an	rd Instalment d monitoring		
	A. Number of Project/Health block committee meeting held: B. Number of District-level PMM	<pre><-level PMMV` </pre> VY steering an	3 ents: (steering an d monitorin	d monitoring		
	A. Number of Project/Health block committee meeting held: B. Number of District-level PMM' meeting held: C. Number of State-level PMMV	<pre><-level PMMV` </pre> VY steering an	3 ents: (steering an d monitorin	d monitoring		

7.	Pending cases in the Quarter	
8.	Number of beneficiaries whose payments were due in the quarter but not received their due instalment	·
9.	Reason for delay in payment	
	Si	gnature and seal of the Authorized Officer
		Name:
		Designation:
		Contact details:

PART C: FINANCIAL

		Centre Share	State Share
		(in ₹ Lakhs)	(in ₹ Lakhs)
1.	Funds released during previous financial year		
2.	Expenditure incurred in previous financial year		
3.	(a) Unutilized balance of previous financial year (12.)		
	OR		
	(b) Excess expenditure incurred in previous financial year (21.)		
4.	Funds released by end of Quarter I/II/III/IV in current year		
	(Sanction Order NoDate:)		
	(Sanction Order NoDate:)	0	
	(Sanction Order NoDate:)		
	(Sanction Order NoDate:)		
5.	Net funds available [4. + 3. (a) <u>OR 4</u> . – 3. (b) as the case may be]		

6.	Expenditure	incurred	during	the	Quarter
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Central Share

State Share

(in ₹ Lakhs)

(in ₹ Lakhs)

		(in ₹	Lakns /	(111 ×	Lakiis j
		In Quarter	Cumulative up to the Quarter I/ II/III/ IV	In Quarter	Cumulative up to the Quarter I/II/III/IV
5. a.	Cost of Conditional Cash Transfer to Beneficia	aries			
	(details to be filled up from Escrow Account)				
i.	First Instalment			*	
ii.	Second Instalment				
iii.	Third Instalment				Ti-
6. b.	State PMMVY Cell				
6. c.	District PMMVY Cell				
6. d.	Training, Capacity Building and IEC		1		
6. e.	Contingency			S	
6. f.	Total		· · · · · · · · · · · · · · · · · · ·	0	
7.	Unutilized Funds			·	
	Reasons:				
8.	Excess expenditure		-		
	Reasons:				

Signature and seal of the Authorized Officer
Name :
Designation:
Contact Number:

ANNUAL STATEMENT OF EXPENDITURE PMMVY

ne o	f the State/UT:		Financial Year:	
l.	Sanction Nos. & Date	Amount	Certified that out of ₹ of grant-	in-ai
o. L.		(in ₹)	sanctioned during the year in favor	
			Department letter(s) number given in the margin a	
2.			on account of unspent balance	
			previous year, a sum of ₹ has utilized for the purpose	bee
•				
, a			for which it sanctioned and that the balance of	wa
	Unspent balance of		salictioned and that the balance of remaining unutilized a	
ľ	Previous Year		end of the year will be adjusted towards the grant-in-aid pa	
2	Total			
5.	Total		during the next year	,
/ fulf	Certified that I have satis	fied myself that ised the followi	during the next year the conditions on which the grants-in-aid was sanctioned have ng checks to see that the money was actually utilized for the pu	bee
fulf	Certified that I have satis	sed the followi	the conditions on which the grants-in-aid was sanctioned have	bee
fulf	Certified that I have satis illed and that I have exerc h it was sanctioned.	sed the followi	the conditions on which the grants-in-aid was sanctioned have	bee
fulf	Certified that I have satis illed and that I have exerch it was sanctioned. Kinds of checks exercised 1. 2.	sed the followi	the conditions on which the grants-in-aid was sanctioned have	bee
fulf	Certified that I have satis illed and that I have exerch it was sanctioned. Kinds of checks exercised 1. 2. 3.	sed the followi	the conditions on which the grants-in-aid was sanctioned have	bee
fulf	Certified that I have satis illed and that I have exerch it was sanctioned. Kinds of checks exercised 1. 2.	ised the followi	the conditions on which the grants-in-aid was sanctioned have	bee
fulf	Certified that I have satis illed and that I have exerch it was sanctioned. Kinds of checks exercised 1. 2. 3.	ised the followi	the conditions on which the grants-in-aid was sanctioned have ng checks to see that the money was actually utilized for the pu	bee

PART B: PHYSICAL

1.	Number of PMMVY Projects/Health E	Blocks:				
2.	Number of PMMVY AWC/ VILLAGEs:					
3.	Details of Contractual Staff:					
S. No	10 St 2020 St 2020	No. Sanctioned	No. in Position	Mon Remund	eration	Total actual yearly expenditure (in ₹ lakhs)
1.	State Programme Coordinator					
2.	State Programme Assistant					
3.	District Programme Coordinator					
4.	District Programme Assistant					
	Total					
4.	Number of beneficiaries who receive	1 st	(from P Instalment: Instalment:	MMVY-CAS	S) —	
		3 rd l	nstalment:			
5.	Number of beneficiaries who receive	d all due instal	ments:			
6.						
	A. Number of Project/Health block -le Committee meeting held this year		teering and M	lonitoring -		
	B. Number of District-level PMMVY S Committee meeting held this year		onitoring	9 8 -		
	C. Number of State-level PMMVY Ste Committee meeting held this year		iitoring	9=		
7.	Pending cases at the end of current y	rear:				-
	No. of beneficiaries whose payments but not received their due instalmen		ne year	i e		
9.	Reasons for delay in Payment			-	i w	
				Signa	ture and se	eal of the Authorized Officer
					N	ame:
	1	esignation:		Cont	act details:	

PART C: FINANCIAL

					Centre Share
	~				(in ₹ Lakhs)
1.	Funds released du	ring previous financia	l year		
2.	Expenditure incurr	ed in previous financi	ial year		
3.	(a) Unutilized bala	nce of previous finan	cial year (1-2)		
		Of	3	3	
	(b) Excess expend	iture incurred in prev	ious financial year (2	-1)	
4.					
	Quarter	Sanction Order No.	Date (DD/MM/YY)	Amount (In ₹)	Received by the State on date (DD/MM/YY)
Qua	arter I (Apr-Jun)				
Qua	arter II (Jul-Sept)				
Qua	arter III (Oct-Dec)				
Qua	arter IV (Jan-Mar)				
Tot	al				
5	Net funds available	e [4 + 3 (a) <u>OR</u> 4 - 3 (b)] as the case may be]	

		Central Share	State Share
		(in ₹ Lakhs)	(in ₹ Lakhs)
6.	Expenditure incurred during the year		
6. a.	Cost of Conditional Cash Transfer to Beneficiaries		
j,	First Instalment		-
ii.	Second Instalment		
iii.	Third Instalment		
6. b .	State PMMVY Cell	S	
6. c.	District PMMVY Cell		
6. d.	Training, Capacity Building and IEC	-	
6. e.	Contingency		
6. f.	Total		
7	Unutilized Funds	4	
8	Reasons:		
9	Excess Expenditure		
	*	Signature and sea	l of the Authorized Officer
			me: on: