

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

FORM 5-A

FUND AVAILABILITY 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 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	

Details of State/UT Nodal Officer:

- 1) Name _____
- 2) Designation _____
- 3) Mobile Number _____
- 4) Signature _____
- 5) Date of reporting _____

QUARTERLY STATEMENT OF EXPENDITURE PMMVY

Name of the State/UT: _____ Financial Year: _____

Quarter: I (Apr-Jun)/ II (Jul-Sep)/ III (Oct-Dec)/ IV (Jan-Mar)

Sl. No.	Sanction Nos. & Date	Amount (in ₹)
1.		
2.		
3.		
4.		
5.	Unspent balance of Previous Year	
6.	Total	

Certified that out of ₹ _____ of grant-in-aid sanctioned upto the I/II/III/IV Quarter of year _____ in favour of _____ under this Ministry/ Department letter(s) number given in the margin and ₹ _____ on account of unspent balance of the previous year, a sum of ₹ _____ has been utilized for the purpose of _____ for which it was sanctioned and that the balance of ₹ _____ remaining unutilized at the end of the Quarter I/II/III/IV of the year.

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

Signature _____

Designation _____

Date _____

PART B: PHYSICAL

1. Number of PMMVY Projects/Health Blocks: _____

2. Number of PMMVY AWCs/VILLAGES: _____

3. 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					

In Quarter
I/ II/ III/ IV

Cumulative up to the
Quarter I/II/III/ IV

4. Number of beneficiaries who received (put up details from PMMVY-CAS):

1st Instalment _____

2nd Instalment _____

3rd Instalment _____

5. No. of beneficiaries who received all due instalments: _____

6. A. Number of Project/Health block -level PMMVY steering and monitoring committee meeting held: _____

B. Number of District-level PMMVY steering and monitoring committee meeting held: _____

C. Number of State-level PMMVY steering and monitoring committee meeting held: _____

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

Signature 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 (1.-2.)		
OR		
(b) Excess expenditure incurred in previous financial year (2. -1.)	_____	_____
4. Funds released by end of Quarter I/II/III/IV in current year		
(Sanction Order No. _____ Date: _____)	_____	_____
(Sanction Order No. _____ Date: _____)	_____	_____
(Sanction Order No. _____ Date: _____)	_____	_____
(Sanction Order No. _____ Date: _____)	_____	_____
5. Net funds available [4. + 3. (a) <u>OR</u> 4. - 3. (b) as the case may be]	_____	_____

6. Expenditure incurred during the Quarter

		Central Share (in ₹ Lakhs)		State Share (in ₹ Lakhs)	
		In Quarter I/II/III/IV	Cumulative up to the Quarter I/ II/III/ IV	In Quarter I/II/III/IV	Cumulative up to the Quarter I/II/III/IV
6. a.	Cost of Conditional Cash Transfer to Beneficiaries (details to be filled up from Escrow Account)				
i.	First Instalment	_____	_____	_____	_____
ii.	Second Instalment	_____	_____	_____	_____
iii.	Third Instalment	_____	_____	_____	_____
6. b.	State PMMVY Cell	_____	_____	_____	_____
6. c.	District PMMVY Cell	_____	_____	_____	_____
6. d.	Training, Capacity Building and IEC	_____	_____	_____	_____
6. e.	Contingency	_____	_____	_____	_____
6. f.	Total	_____	_____	_____	_____
7.	Unutilized Funds	_____	_____	_____	_____
	Reasons:	_____			
8.	Excess expenditure	_____	_____	_____	_____
	Reasons:	_____			

Signature and seal of the Authorized Officer

Name : _____

Designation: _____

Contact Number: _____

ANNUAL STATEMENT OF EXPENDITURE PMMVY

Name of the State/UT _____

Financial Year _____

PART A: ANNUAL PMMVY UTILISATION CERTIFICATE

Name of the State/UT: _____

Financial Year: _____

Sl. No.	Sanction Nos. & Date	Amount (in ₹)
1.		
2.		
3.		
4.		
5.	Unspent balance of Previous Year	
6.	Total	

Certified that out of ₹ _____ of grant-in-aid sanctioned during the year _____ in favour of _____ under this Ministry/ Department letter(s) number given in the margin and ₹ _____ on account of unspent balance of the previous year, a sum of ₹ _____ has been utilized for the purpose of _____ for which it was sanctioned and that the balance of ₹ _____ remaining unutilized at the end of the year will be adjusted towards the grant-in-aid payable during the next year _____.

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

Signature and Seal of the Authorised Officer _____

Name _____

Designation _____

Date _____

PART B: PHYSICAL

1. Number of PMMVY Projects/Health Blocks: _____

2. Number of PMMVY AWC/ VILLAGES: _____

3. Details of Contractual Staff:

S. No.	Name of Post	No. Sanctioned	No. in Position	Monthly Remuneration (in ₹)	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 received: (from PMMVY-CAS)

1st Instalment: _____

2nd Instalment: _____

3rd Instalment: _____

5. Number of beneficiaries who received all due instalments: _____

6.

A. Number of Project/Health block -level PMMVY Steering and Monitoring Committee meeting held this year: _____

B. Number of District-level PMMVY Steering and Monitoring Committee meeting held this year: _____

C. Number of State-level PMMVY Steering and Monitoring Committee meeting held this year: _____

7. Pending cases at the end of current year: _____

8. No. of beneficiaries whose payments were due in the year but not received their due instalment: _____

9. Reasons for delay in Payment _____

Signature and seal of the Authorized Officer

Name: _____

Designation: _____ Contact details: _____

PART C: FINANCIAL

Centre Share

(in ₹ Lakhs)

1. Funds released during previous financial year _____

2. Expenditure incurred in previous financial year _____

3. (a) Unutilized balance of previous financial year (1-2)

OR

(b) Excess expenditure incurred in previous financial year (2-1) _____

4.

Quarter	Sanction Order No.	Date (DD/MM/YY)	Amount (In ₹)	Received by the State on date (DD/MM/YY)
Quarter I (Apr-Jun)				
Quarter II (Jul-Sept)				
Quarter III (Oct-Dec)				
Quarter IV (Jan-Mar)				

Total

5 Net funds available [4 + 3 (a) OR 4 - 3 (b)] as the case may be] _____

		Central Share (in ₹ Lakhs)	State Share (in ₹ Lakhs)
6.	Expenditure incurred during the year		
6. a.	Cost of Conditional Cash Transfer to Beneficiaries		
i.	First Instalment	_____	_____
ii.	Second Instalment	_____	_____
iii.	Third Instalment	_____	_____
6. b.	State PMMVY Cell	_____	_____
6. c.	District PMMVY Cell	_____	_____
6. d.	Training, Capacity Building and IEC	_____	_____
6. e.	Contingency	_____	_____
6. f.	Total	_____	_____
7	Unutilized Funds	_____	_____
8	Reasons:	_____	
9	Excess Expenditure	_____	_____

Signature and seal of the Authorized Officer

Name: _____

Designation: _____

Contact Number: _____