|  |  |
| --- | --- |
|  | **Higher Education Commission**Indigenous 5000 PhD Fellowship program, H-8/1, Islamabad (Pakistan),Phone: (051) 90808033 Fax: (051)90808035, E-mail:[**snaurin@hec.gov.pk**](mailto:snaurin@hec.gov.pk) |

# **Expenditure Report/Statement PIN NO.\_\_\_\_\_\_\_\_\_\_\_**

# **Period From: \_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_**

# Personal Information of Scholar:

|  |  |
| --- | --- |
| Name |  |
| Department/Centre |  |
| University |  |
| Student Email |  |
| Treasurer /Director Finance Email |  |
| Admission/Registration in Program | |  |  |  | | --- | --- | --- | | MS | M.Phil | PhD |  (Please Tick any one) |

**2. Funds Utilization Status:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S. No.** | Item | **Total Amount Received**  **(Rs.)** | **Total Amount Spent**  **(Rs.)** | **Balance**  **(Rs.)** |
|  | PhD Fellowship |  |  |  |
|  | Laptop |  |  |  |
|  | Support to University for tuition fee, reference books, back volumes, Journals, chemical abstracts, stationery, software, Internet, Computer etc. |  |  |  |
|  | Support to University for Laboratory /workshop equipment laboratory material, consumable and supplies etc. |  |  |  |
|  | Book Allowance |  |  |  |
|  | Honorarium to supervisor |  |  |  |
|  | Thesis Charges to Scholar |  |  |  |
|  | On Publication to Scholar |  |  |  |
|  | Thesis Evaluation from abroad |  |  |  |
|  | **Total** |  |  |  |

***3.* Balance/Unspent Amount:** [Amount Received (–) Amount Utilized]

Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (-) Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **Supervisor:** | **Treasurer/Director Finance** |
| --- | --- |
| Name of the Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name of Treasurer/Director Finance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Signature & Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature & Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Official Seal of Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Official Seal/Stamp: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Auditor:** | |
| Name of the Auditor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official stamp\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Seal of Auditor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Chairman/Head of the Department:** | |
| Name of the Chairman/HoD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature & Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Seal of Chairman/HoD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |