**CDRI FELLOWSHIP PROGRAMME**

**UTILIZATION CERTIFICATE**

*[to be furnished by the applicant(s)]*

I/We \_ (Name of all team members) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby declare that I/we have been selected under the Coalition for Disaster Resilient Infrastructure (CDRI) Fellowship Programme for carrying out research on the proposal, (*Title of the research proposal*).

(Name of the Institute/ Organization) is endorsing the research proposal and will receive a grant of US$15,000 in two instalments. (Name of the Institute/ Organization) is authorized to charge up to 15% of the grant received as administrative costs.

**Utilization details**

(Name of the Institute/ Organization) has received **US$ 7500** as first instalment of the grant on (dd/mm/yyyy). The institute has charged/ will charge US$ \_\_\_\_\_\_ (\_\_%) as towards administrative costs.

I/we have received US$\_\_\_\_\_\_ from (Name of the Institute/ Organization) under the CDRI Fellowship Programme for carrying out my/our research project as per the details given below.

**Project Details:**

1. Project Title:

2. Duration of the Project:

From the first instalment of the Fellowship grant, following expenses have been incurred:

|  |  |  |
| --- | --- | --- |
| **S. No** | **Particulars** | **Amount(USD)** |
| 1 | Administrative costs of the Institute/ Organization |  |
| 2 | Travelling Expenses |  |
| 3 | Telephone Expenses |  |
| 4 | Internet Expenses |  |
| 5 | Other Expenses (please specify) |  |
|  | **Total** |  |

I/we do hereby declare that the information given above is true and correct to the best of my/our knowledge.

Date: (Signature)

Place: (Name of the Deponent(s)

­­­­­­­­----------------------------------Endorsement by the Institute----------------------------------------

I (Full Name of the person signing on behalf of the endorsing institute) of (Full Address) declare that:

I am (Position held or Relationship to) of/ to (Name of the Institute/ Organization & Address) and am duly authorized to make this declaration on behalf of the (Institute/ Organization).

(Name of the Institute/ Organization) has charged/ will charge US$ \_\_\_\_\_ as administrative costs from the first instalment of the grant received. The balance amount has been transferred to the Fellowship team.

I hereby declare that the information given above is true and correct to the best of my knowledge.

Date: (Signature)

Name

(Designation)

Place: (Name of the Institute/ Organization)

(Stamp/ Seal of the Institute/ Organization)