

**ENDORSEMENT LETTER FROM THE REGISTRAR OF The UNIVERSITY/HEAD OF THE INSTITUTE**

(Statement from Employer, on the Letter Head)

**Dated:**

This is to certify that:

- I. Dr. ...., the Program Co-ordinator of the INSPIRE Internship Camp project will assume full responsibility for implementing the INSPIRE Internship Camp project proposed during from ..... to .....
- II. The date of INSPIRE Internship Camp activities starts from the date on which the University/Institute receives the bank draft/cheque/RTGS from the Department of Science & Technology.
- III. The Program Co-ordinator will be governed by the rules and regulations of the University/Institute and will be under administrative control of the University/ Institute for the duration of the INSPIRE Internship Camp project.
- IV. The grant-in-aid by the Department of Science & Technology will be used to meet the expenditure on the INSPIRE Internship Camp project and for the period for which the project has been sanctioned as indicated in the sanction letter/ order.
- V. No administrative or other liability will be attached to the Department of Science & Technology at the end of the INSPIRE Internship Camp project.
- VI. The University/ Institute will provide basic infrastructure and other required facilities to the investigator for undertaking the INSPIRE Internship Camp project.
- VII. The University/ Institute will take into its books all assets received under this sanction and its disposal would be at the discretion of Department of Science & Technology.
- VIII. Institute assumes to undertake the financial and other management responsibilities of the INSPIRE Internship Camp project.
- IX. The sanctioned INSPIRE Internship camp will be organized as Residential, as per the norms of DST, New Delhi-110 016.
- X. Organizing institute will participate in the monitoring of the camp whenever they were asked to do so and the travelling expenses of the participating organizer will be adjusted in the forth coming sanctioned camps if any otherwise institute will bear the travel expenditure.

Seal of University/Institute Signature  
Registrar of University/Head of Institute

## INSPIRE INTENSHP SCIENCE CAMP: FEEDBACK FORM FOR STUDENT

1. Name and Address of the Host Institute:
2. Date/Duration of the INSPIRE Internship Camp:
3. Name and Address of the student:  
(with their school name, e-mail address & Mob. No.)
4. Comments about the Infrastructural capacity of the organizing Institute:
5. Comments on the boarding and lodging facilities made available:
6. Comments about the Payment of Travelling cost to the participating students:
7. Comments on the interactive talks delivered by the Mentors
8. Comments on the practical/hands on experience:
9. Students views on the INSPIRE Internship Camp:
10. Comments about the scientific discussions with the Mentors:
11. Suggestions to further improve the INSPIRE Internship camps:
12. Overall impact of the INSPIRE Internship Camp:

(Signature of the Student)

## INSPIRE INTERNSHIP SCIENCE CAMP: FEEDBACK FORM FOR THE MENTOR

1. Name and Address of the Host Institute:
2. Date/Duration of the INSPIRE Internship Camp:
3. Name and Address of the Mentor:  
(With e-mail address & Mob. No.)
4. Date of Participation in the Camp:
5. Comments about the Infrastructural capacity of the organizing Institute:
6. Comments on the boarding and lodging facilities made available:
7. Mentors views on the INSPIRE Internship Camp:
8. Comments about the interaction with the participating students:
9. Suggestions to further improve the INSPIRE Internship camps:
10. Overall impact of the INSPIRE Internship Camp:

(Signature of the Mentor)

## **INSPIRE INTERNSHIP SCIENCE CAMP: FEED BACK FORM FOR PROGRAM COORDINATORS**

1. Name and Address of the Host Institute:
2. Date/Duration of the INSPIRE Internship Camp:
3. Name and Address of the Program Co-ordinator:  
(With e-mail address & Mob. No.)
4. Comment on the INSPIRE Internship camp:
5. Any difficulty faced to organize the camp:
6. Suggestions to further improve the INSPIRE Internship camps:
7. Overall impact of the INSPIRE Internship Camp:

(Signature of the Program Coordinator)

## FINAL STATEMENT OF EXPENDITURE

1. Sanction Letter/ Order No and date of sanctioning the INSPIRE INTERNSHIP CAMP project:
2. Total Project Cost:  
(Sanctioned/ Revised Project Cost, if applicable)
3. Date of Commencement of Project:
4. Date of Completion of Project:
5. Grant received in the respective financial year:
  - a. 1<sup>st</sup> Camp:
  - b. 2<sup>nd</sup> Camp:
  - c. 3<sup>rd</sup> CampTotal (a+b+c):

### Statement of Expenditure

(to be submitted financial yearwise ie. DOS\* to 31<sup>st</sup> March of that financial year say 20XX, 01-04-20XX till 31.03.20XX+1 year and so on)

Sr No	Sanctioned Heads	Funds Allocated (indicate sanctioned or revised)	Funds received	Expenditure Incurred		Total	Balance, if any	Remarks
				1 <sup>st</sup> Year (DOS to 31 <sup>st</sup> March)	2 <sup>nd</sup> Year (1 <sup>st</sup> April to 31 <sup>st</sup> March )			
1.	TA for Mentors + Students							
2.	Boarding							
3.	Lodging							
4.	Honorarium (to the Mentors)							
5.	Consumables (Student Kits, Chemicals for hands on experience etc.)							
6.	Organisational Expenses							
7.	<b>Total</b>							

Amount to be refunded/ reimbursed (whichever is appropriate): Rs

Name and Signature of Program Coordinator:

Date:

Signature of Competent financial/ audit authority: \_\_\_\_\_

(with seal)

Date: \_\_\_\_\_

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\* DOS : Date of Start of Project

## INSPIRE INTERNSHIP SCIENCE CAMP: SUMMARY OF FEEDBACK BY THE CAMP ORGANIZER

1. Name and Address of the Host Institute:
2. Date/Duration of the INSPIRE Internship Camp:
3. Number of participating INSPIRE Interns:

S. No.	Summary of INSPIRE Interns Comments on:	Poor (1)	Satisfactory (2)	Good (3)	Very Good (4)	Excellent (5)
1	The Infrastructural capacity of the organizing Institute					
2	Boarding and lodging facilities					
3	Payment of Travelling cost					
4	Interactive talks & Discussion with the mentors					
5	Hands on experience					
6	Suggestions to further improve the INSPIRE Internship camps:					

Note: Sum total of the Feedback (1+2+3+4+5) should be equal to the number of participating INSPIRE Interns. This summary shall be compiled based on the individual INSPIRE Interns feedback submitted for the respective INSPIRE Internship Science camp.

Signature of the Camp organizer

**UTILISATION CERTIFICATE (2 COPIES)**  
**FOR THE FINANCIAL YEAR - (ENDING 31<sup>ST</sup> MARCH)**

1. Title of the Project/ Scheme: INSPIRE INTERNSHIP CAMP/INSPIRE PROGRAM
2. Name of the Institution:
3. Program Co-ordinator:
4. Department of Science & Technology sanction order No & date sanctioning the project:
5. Head of account as given in the original sanction order: INSPIRE INTERNSHIP CAMP
6. Amount brought forward from the previous Financial year quoting DST letter no and date in which the authority to carry forward the said amount was given  
i. Amount Nil  
ii. Letter No  
iii. Date
7. Amount received during the financial year (Please give DST letter/order no and date)  
i. Amount  
ii. Letter/Order No  
iii. Date
8. Total amount that was available for expenditure (excluding commitments) during the financial year (Sr. No. 6+7) Rs.
9. Actual Expenditure (excluding commitments) Incurred during the financial year (upto 31<sup>st</sup> March) Rs.
10. Balance amount available at the end of the financial year:
11. Unspent balance refunded, if any (please give details of cheque no etc.):
12. Amount to be carried forward to the next financial year (if applicable):

### UTILISATION CERTIFICATE

Certified that out of Rs \_\_\_\_\_ of grants-in-aid sanctioned and released Rs. \_\_\_\_\_ during the year \_\_\_\_\_ in favour of \_\_\_\_\_ under this Ministry/ Department letter/ order No \_\_\_\_\_ dated \_\_\_ and Rs \_\_\_ Nil \_\_\_\_\_ on account of unspent balance of the previous year, a sum of Rs \_\_\_\_\_ has been utilized for the purpose of organizing the sanctioned INSPIRE Internship camp for which it was sanctioned and Rs. \_\_\_\_\_ has been overspend/unspent within the sanctioned cost. Therefore, an amount of Rs. \_\_\_\_\_ has, to be reimbursed/been returned, for considering the case for final settlement of accounts.

Signature of PI

Signature of Registrar/ Signature of Head  
of the Institute

Accounts Officer

Date

Date

Date

(To be filled in by DST)

Certified that I have satisfied that the conditions on which the grants-in-aid was sanctioned have been fulfilled/ are being 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.
- 5.

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_