

Sailesh
Joint Secretary
Tel No.:23384441

D.O. No. 3-1/2010/NSS/Pt

Dated: 10th December,2010.

Dear

As you may be aware that grants in aid under National Service Scheme (NSS) are released to almost all State Governments on the basis of receipt of accounts i.e. UC/AR etc for the funds already released to the State Governments. Now, it has been decided that from the next financial year onwards 1st installment would be released automatically in the beginning of the financial year and 2nd installment will be released on the basis of proposal received from the State Government from the month of July onwards. However, if the State could not received 2nd installment during previous year due to non-submission of accounts the further funds will not be released at any circumstances.

The 2nd installment of funds will be released only on receipt of complete proposal with necessary supporting documents *in original viz Utilization Certificate (GFR-19 A) and latest expenditure in the enclosed proforma, complete Audit Report for the year 2010-11 which includes Auditors observations, Receipt & Payment statement, Income & Expenditure Statement , Balance Sheet and performance report etc.*

To avoid, any further correspondence from the Ministry seeking clarification to any discrepancy in the above documents, the following points should be given due weightage while preparing proposal for 2nd installment: -

- i) Any funds shown as closing balance (CB) in the Audit Report of 2010-11 should be included in the opening balance in the Utilization Certificate (UC) and Audit Report (AR) of 2010-11. The figures mentioned in the UC and AR must be tallied with each other.
- ii) Any interest / Misc. receipts received during previous year should be indicated in the UC & AR. Interest earned on the Government fund is a part of NSS fund.
- iii) If any advances /loan has been taken from any agency it should be shown in the Audit Report as liabilities.
- iv) The Action Taken Report on Auditor's observation duly countersigned by the Chartered Accountant must be submitted, if any observations have been made by Chartered Accountant while auditing.

Further, it has been decided that the accounts may be audited by Chartered Accountant/ Local funds Audit /CAG and state Governments if feel necessary may appoint Chartered accountant for this purpose and remuneration of CA/LFA can be met out from the establishment or contingency funds provided to the SLOs. All State Governments are requested to close the current account, if any, and open a separate Saving Bank Account for NSS funds only.

I will be grateful, if you could issue necessary instructions to the concerned officials on the points mentioned above and specifically direct them to submit the complete proposal in time so that delay in release of 2nd installment can be avoided.

With regards.

Yours sincerely,

-Sd-
(Sailesh)

To

The Secretary,
In-charge of NSS
All States/UTs

Copy to:

- (i) The State Liaison Officer, Govt. of Arunachal Pradesh, etc. with a request to do the needful at the earliest possible so that funds from the next financial year onwards can be released hassle free. The proforma can also be downloaded from NSS website viz-www.nss.nic.in.
- (ii) The in-charge of all Regional Center of NSS with a request to follow-up the above issues and Action Taken Report (ATR) may be furnished as and when received.
- (iii) Shri S.K. Sahweny, Dy. Prog. Adviser, NSS PA Cell, 12/11, Jamnagar House, New Delhi-110011 for information & necessary action.

(R. K. Singh)
Section Officer (NSS)

PROFORMA FOR RELEASE OF 2ND INSTALMENT PROPOSAL

UNDER

NATIONAL SERVICE SCHEME

DURING THE YEAR _____

NAME OF THE STATE _____

DOCUMENTS ATTACHED WITH THE PROPOSAL

Sl. No	Documents/clarifications	at pages
1.	Proforma for release of 2nd instalment	
2.	Utilization Certificate for the year before previous year(in original)	
3.	Check List	
4.	Audit Report for the year before previous year (in original)	
	(i) Auditors observation	
	(ii) Receipt & Payment statement	
	(iii) Income & expenditure statement	
	(iv) Balance sheet	
	(v) Action Taken Report on the points of the observations of the Auditor, if any / nil observation.	
5.	Bank Details in prescribed format	

Signature-----

(Full name with official seal)

State Liaison Officer (SLO)

Date: -----

NATIONAL SERVICE SCHEME

PROFORMA FOR RELEASE OF SECOND INSTALMENT

1. YEAR :

2. Name of SLO :

Address :

:

:

:

a) Tele. No. :

b) Fax No. (if any) :

c) E-mail address (if any) :

3. **Entitlement of Central grant for the current year:** (Regular Activities)
Rs.....
(Special Camping)Rs.....

4. Allocation of Volunteers for the current year : -----

5. Financial Details are as under:

(Amount Rs. in lakhs)

	Releases	Previous Year (i.e. 2010-11)		Year before Previous Year (i.e. 2009-10)	
		Regular	Special	Regular	Special
A.	Central Release				
B.	State Release				
	TOTAL				

6. **Expenditure Details:**

Sl. No	Items	Previous Year (i.e. 2010-11)		Year before Previous Year(i.e.2009-10)	
		Regular	Special	Regular	Special
1.	Carryover funds from the previous year.				
2.	Releases under NSS received by the SLO:				
	(a) Central share				
	(b) State share				
3.	Miscellaneous Receipt, if any.				
4.	Total availability				
5.	Expenditure (Actual expenditure on the basis of the reports received from the University/ Colleges/+2 level)				
6.	Percentage of expenditure (5/4x100).				

7. **Utilization Certificate for the year 2010-11 is enclosed in the prescribed proforma (GFR-19A)**

8. Audit Report of the previous year _____ with the relevant Certificates duly recorded by the Auditor is enclosed.

9. It is certified that :

- (i) no major irregularities such as embezzlement, diversion of funds etc., have been noticed in the audit report for the year before previous year.
- (ii) necessary action has already been initiated to rectify the defects pointed out in the Audit Report for the previous year and earlier years and compliance would be sent / has been sent to the Ministry shortly;
- (iii) all the funds under the scheme have been kept in the Savings Bank Account.

10. Balance of Central grants with the State Govt. as on 31.03.2011 :Rs.....lakh
(Regular)
Rs.....lakh
(Special)

Signature_____

(full name with designation & official seal)

SLO

Date:_____

NATIONAL SERVICE SCHEME
(Consolidated Utilization Certificate)

(Utilization Certificate in Form GFR, 19-A)
Utilization Certificate for the financial year 2010-11

1. Certified that a sum of Rs. _____ lakhs (rupees _____ only) was received by SLO/State Govt. _____ as Grants in aid during the year _____ as per details given below, from the Centre Rs. _____ lakhs (rupees _____ only) and from the State Rs. _____ lakhs (rupees _____ only). Further a sum of Rs. _____ lakhs (rupees _____ only) being the unspent balance of the previous year **2009-10** was allowed to be brought forward for utilization during the current year **2010-11**. The misc. Receipts of the Agency during the year were Rs. _____ lakhs (rupees _____ only).

- a) Unspent Balance from Previous Year:
- (i) Funds lying with the SLO : Rs. _____
 - (ii) Funds lying with the University : Rs. _____
 - (iii) Colleges/ +2 level : Rs. _____

TOTAL : _____

- b) Fund of the previous year(2009-10) received during the year(2010-11) :Rs. _____lakhs

Letter No./Date	Central Govt.	Sate Govt.	TOTAL
Total			

- c) Grants received during this year (2010-11) :Rs. _____lakhs

Letter No./Date	Central Govt.	Sate Govt.	TOTAL
Total			

- d) Misc. receipts of the Agency, if any :
- e) Interest receipts, if any :
- (f) Total Funds Available (a+b+c+d+e) :
- (g) Total expenditure incurred (as per AR of 2010-11) :
- (h) Closing balance of the current year

(i.e.2010-11 as on 31st March,2011) (for Regular activities Rs.....(Central share)

(for Special Camps. Rs.....(Central share)

2. It is also certified that out of the above mentioned total funds of Rs. _____ lakhs (rupees _____ only) available with the SLO, a sum of Rs. _____ lakhs (rupees _____ only) has been utilized by the State Govt. during the year _____ for the purpose for which it was sanctioned. It is further certified that the unspent balance of Rs. _____ lakhs (rupees _____ only) remaining at the end of the financial year would be utilized for the programme next year.

3. Certified that I have satisfied myself that the conditions on which Grants-in aid was sanctioned have been duly fulfilled /are being fulfilled and that I have exercised the following checks to see that the money has been actually utilized for the purpose for which it was sanctioned.

4. The utilization of the aforesaid fund resulted into the following:-

(a) Outcomes:

- (i) Regular activities conducted during the year :
- (ii) Special Camping Prog. during the year :
- (iii) Number of total volunteers sanctioned to the State :

(strike out whichever is not applicable).

Kinds of checks exercise

- i. The Agency's Statement of accounts for the year _____ duly audited by the Chartered Accountant/ Local Funds Audit/ AG Audit have been obtained and sanctioned.
- ii. The Utilization Certificates and audit / inspection Reports for the prescribed year of the Universities/ Colleges/+ 2level have been obtained and duly scrutinized.

Signature-----
(full name with official seal)
State Liaison Officer

Date:-----

CHECK LIST FOR RELEASE OF SECOND INSTALMENT UNDER THE NATIONAL SERVICE SCHEME (NSS)

- | | |
|--|--------|
| 1. Whether the State has utilized 60%of the total available resources. | Yes/No |
| 2. Whether the Utilization Certificate has been furnished for the previous year. | Yes/No |
| 3. Whether the Audit Report for the previous year has been furnished. | Yes/No |
| 4. Whether the required certificate alongwith the Audit Report have been received from the Auditors and attached with the Audit Report . | Yes/No |
| 5. Whether No-Embezzlement, No Diversion Certificate have been furnished to the Ministry. | Yes/No |
| 6. Whether the Certificate for keeping the funds in a separate Savings Bank Account has been submitted. | Yes/No |
| 7. Whether the State-matching share has been released during previous years. | Yes/No |

Signature: _____

Name in full _____

Office Stamp of SLO

Dated: _____

AUDIT REPORT

(Consolidated Audit Report for National Service Scheme)

Containing following points:-

1. Auditor's observations(if any observation, reply countersigned by Chartered Accountant/ Local Funds Audit/ CAG is required)
2. Balance sheet.
3. Receipt & Payment statement
4. Income & Expenditure statement

N.B: All the documents should be in original & countersigned by the S.L.O. with official stamp.

Audit Report for the year 2010-11

Name of the scheme: _____

Name of the Agency: _____

Auditor's Observations

(Signature of S.L.O. with seal)

Name in full _____

Name of the State _____

Telephone No. _____

**(Signature of Chartered Accountant/Local
Funds Audit/GAC with seal)**

Name in full _____

Membership No. _____

Telephone No. _____

**NATIONAL SERVICE SCHEME (NSS)
YEAR 2010-11**

Name of the State _____

Sl. No	Items	Observations of the Chartered Accountant
1	Opening Balance & Closing Balance of the Receipts and Payments account tallies with that of Cash Books.	:
2	Opening Balance adopted tallies with closing Balance of the last year	:
3	All the payments to the implementing agencies are shown as advances pending adjustments	:
4	Funds have been Used for the purpose for which they were received	:
5	There is no case of any diversion of funds from one scheme to another Central Scheme of the State funded Scheme	:
6	There does not exist any minus balance at any stage during the year	:
7	No funds of the scheme are placed in Fixed Deposit	:
8	Scheme funds are not being kept in current account	:
9	Scheme funds are not being kept in State treasury	:
10	Cash book is written on accrual account basis	:
11	Interest earned has been added to the Scheme fund	:
12	State share for the year has been received during the year	:
13	Bank Reconciliation is being done regularly	:

(Signature of SLO with seal)
Name in full _____

Telephone No. _____

(Signature of Chartered Accountant/Local Funds Audit/GAC with seal)

Name in full _____

Membership No. _____

Telephone No. _____

**NATIONAL SERVICE SCHEME
YEAR 2010-11**

Name of the STATE _____

Sl. No	Items	Observations of the Chartered Accountant
1	Name & Complete Address of the SLO with PIN code	:
2	Name & Address of the previous Auditor	:
3	Name & Address of the present Auditor	:
4	Date of Commencement & Date of Completion of Audit	:
5	Whether the grants are utilized for the purpose for which the same have been placed at the disposal of the SLO and also as per the terms and conditions laid down by the Ministry at the time of release of funds	:
6	Whether the expenditure and pattern of subsidies are on the approved lines with reference to the programme approved and cleared at the appropriate level.	:
7	Whether the Agency is getting utilization Certificates from the Institutions and other Executing Agencies through whom subsidies are extended	:
8	Whether the bankers have allowed interest on the unspent balances kept in the banks regularly and whether the same has been properly accounted by the Agency	:
9	Whether Agency has any separate account for interest money. If so the details thereof.	:
10	Whether the interest money is being utilized strictly for the programme purposes only as laid down in the existing guidelines	:
11	Whether the books of account are up to date	:
12	Whether proper attention is being given to the C.A. observations/remarks of the previous audit report.	:
13	Is there any mis-utilisation /unrelated expenditure and mis-appropriation of funds by the State Govt. during the year. If so details thereof.	:
14	Have any programme funds kept in fixed deposits (long term/short term basis). If so, the period of deposit, purpose and the amount kept in F.D. may be indicated.	:

(Signature of SLO with seal)
Name in full _____

Telephone No. _____

(Signature of Chartered Accountant/Local
Funds Audit/GAC with seal)

Name in full _____

Membership No. _____

Telephone No. _____

Balance sheet as on 31st of March 2011

Name of the scheme National Service Scheme

Name of the Agency: _____

CAPITAL FUND AND LIABILITIES		Current Year	Previous year *
1. Accumulated Fund			
Opening Balance			
Add/Deduct Balance Transferred			
From Income &			
Expenditure Accounts + / - _____			
Closing Balance			
2. Current Liabilities			
(i) Payment on account of temporary transfer of funds from other schemes			
(ii) Outstanding Expenses /Payables			
(iii) Any other liability			
Total			
ASSETS			
1. Fixed Assets			
(i) Vehicles			
(ii) Furniture & fixtures			
(iii) Office Equipment			
(iv) Computers & Peripherals			
(v) Others			
2. Current Assets & advances			
(i) Stock			
(ii) Temporary Transfer of Funds to other schemes recoverable			
(iii) Closing Balance			
(a) Cash in Hand			
(b) Cash at Bank			
(c) Account Receivables and Advances recoverable			
(i) Implementing Agencies			
(ii) Other Agencies			
(iii) Staff			
(iv) Suppliers			
Total			

***Closing balance of the previous year should be tallied with opening balance of the 'Receipt & Payments statement' and Utilisation Certificate of the current year.**

Certified that assets amounting to Rs. -----were created during the year as per schedule attached.

(Signature of SLO with seal)
Name in full _____

Telephone No. _____

(Signature of Chartered Accountant/Local Funds
Audit/GAC with seal)

Name in full _____

Membership No. _____

Telephone No. _____

Audit Report for the year 2010-11
Income & Expenditure Statement.

Name of the State Govt. _____

Income and Expenditure Account for the period 1st April, 2010 to 31st March, 2011

Name of the Scheme: ___NSS_

Expenditure 1	Amount		Income 2	Amount	
	Regular	Special		Regular	Special
1. Scheme works Expenditure (i) (ii) (iii) (iv)			1. Grants in Aid/Subsidy received from (a) Central Govt. (b) State Govt. (c) Other Agencies		
2. Any other Expenditure (i) (ii)			(2) Interest received during the year from the Bank Accounts Received during the year, Add accrued during the year.		
3. Expenses on Administration #			3. Miscellaneous Receipt		
4. Miscellaneous Expenses			4. Excess Expenditure carried over to Balance sheet.		
5. Excess of Income over Expenditure carried over to the Balance sheet.					

These expenses should be met out from the State Government funds.

Audit fee should be met out from the establishment / contingency head of account provided to SLO.

(Signature of SLO with seal)

Name in full _____

Telephone No. _____

(Signature of Chartered Accountant/Local Funds Audit/GAC with seal)

Name in full _____

Membership No. _____

Telephone No. _____

Audit Report for the year 2010-11

Name of the State _____

Receipt & Payment Accounts for the period 1st April, 2010 to 31st March, 2011

Name of the scheme _____

Receipt	Amount		Payment	Amount	
	Regular	Special		Regular	Special
1. Opening balance (i) SLO (ii) University (iii) Colleges (iv) + 2 level			1. Advances given to : (i) University (ii) Colleges (iii) +2 level (iv) Other Agencies		
TOTAL			TOTAL		
2. Receipt of Grants/Subsidy (i) Central Government (ii) State Government (iii) Other Agencies			2. . Payment made for creation of Capital asset for SLO office (if any).		
3. Receipt by transfer of Grants from other schemes/State Govt./any other scheme			3. Miscellaneous		
4. Interest received from Banks			4. Grant in Aid transferred to any other agency.		
5. Refund of Advance /Loan /Grant			5 Closing balance with (i) SLO (ii) University (iii) Colleges (iv) +2 level		
			TOTAL		
6. Refund of Subsidies from the Bank during the year.					
8. Miscellaneous					

(Signature of SLO with seal)
Name in full _____

Telephone No. _____

(Signature of Chartered Accountant/Local Funds Audit/GAC with seal)
Name in full _____

Membership No. _____

Telephone No. _____

BANK DETAILS IN PRESCRIBED FORMAT

No.	Name & address of the payee	Name of the Bank with full address/ Contact No.	Branch Code	Account No for Telegraphic Transfer of funds	MICR Code	IFSC Code

Signature_____

(full name with designation & official seal)

SLO

Date:_____

**Compliance to the remark's of the Auditor in the Audit Report for the year 2010-11 /Action
Taken Report**

Sl. No	Remark's of the Auditor in the Audit Report for the year 2010-11	Action Taken /Compliance
1		
2		
3		
4		
5		

Signature of the SLO
Name in full _____

Telephone No. _____