



Visvesvaraya Technological University
TEQIP CELL

UTILIZATION CERTIFICATE

Title of the Program:

Name of the Program Coordinator/s:

Department:

Organization:

Date and Venue of the Program:

No. of Participants Attended:

No. of Institutions Participated:

Statement of Expenditure

Sl. No.	Particulars	Expenses (Rs.)
Total		Rs.
Total Amount in words:		

Program Coordinator/s
(Signature with seal)

HOD
(Signature with seal)

Principal
(Signature with seal)