

CERTIFICATE

1. We have examined the accounts of the National Handloom Development Corporation, Lucknow in respect of supply of yarn made by them to the eligible agencies under the Mill Gate Price Scheme for the period _____ . We are satisfied that the amounts calculated by NHDC are true and fair.
2. Certified that the yarn supplied for which the reimbursement has been claimed for the period _____ had been made in accordance with the guidelines issued by the office of the Development Commissioner (Handlooms) vide letter No.DCH/6(1)/2002-P&S dated 7th November, 2002.
3. The supplies of yarn on which the Government's assistance is being claimed for the period _____ have been made only to the eligible agencies.
4. The amount of reimbursement amounting to Rs. _____ (Rupees _____) for the period _____ has not been claimed before.
5. The claim for the period _____ as per details given in the Appendix "A" has been worked out in accordance with the guidelines prescribed by the Office of the Development Commissioner (Handlooms) vide letter No.6/1/2007-DCH/P&S dated 5th July, 2007 and such other instructions issued in this regard from time to time.
6. This claim for reimbursement is in respect of yarn covered under the Scheme.
7. Certified that the Undertaking as prescribed in the guidelines has been obtained by NHDC from each of the agencies to which the yarn supplies have been made during the period _____.
8. There is no reason to believe that the grantee institution is involved in corrupt practices.

Date:

Managing Director
N.H.D.C.

Chartered Accountant
(with rubber stamp)

APPENDIX “A” TO ANNEXURE-II

Statement for claiming reimbursement against supplies under Mill Gate Price Scheme for the period.....

Sl.No.	Name of the State/ Agency	Quantity of yarn supplied (in kgs.)	Cost of yarn at Mill Gate Prices (in Rs.)	Actual cost of transportation (in Rs).
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Total

Amount of reimbursement claimed : Rs.
(.....% of value of yarn supply)
Less advance amount already claimed : Rs.
Balance amount due : Rs.

Managing Director
N.H.D.C
(with rubber stamp)

Chartered Accountant
(with rubber stamp)

APPENDIX ‘B’ TO ANNEXURE-II

Statement showing agency-wise details of yarn supplied by NHDC under the scheme for supply of yarn at Mill Gate Prices

Name and address of the user Agency
(to be furnished separately for each agency) :.....

Sl. No	Period/Date	Yarn supplies received		Name of mill and place from which yarn supplied	Destination of yarn supply	LR No./Date	Name of transport company	Amount of freight paid (in Rs.)
		Qty (Kg)	Value (Rs.)					
TOTAL								

Certified that the above yarn supplies have actually been made by NHDC and the amount of freight has been paid by this corporation/society/agency as indicated above.

Signature of Executive Officer

APPENDIX "C" TO ANNEXURE-II

**STATEMENT FOR QUARTERLY CLAIM REIMBURSEMENT OF DEPOT OPERATION UNDER MILL GATE PRICE
SCHEME FROM USER AGENCY TO NHDC**

Sl. No	NAME OF THE STATE	OPENING STOCK AT THE BEGINNING OF QUARTER		YARN RECEIVED UNDER MGPS		NAME OF MILLS	YARN RECEIVED OTHER THAN MGPS		NAME OF MILL	YARN TOTAL SOLD DURING QUARTER		CLOSING STOCK	REIMBURSEMENT @ 2.5% ON ACTUALS											
		QTY	VALUE	QTY	VALUE		QTY	VALUE		QTY	VALUE													
TOTAL																								

Certified that the above yarn supplies have actually been made and amount of reimbursement for Depot operation has been paid by NHDC.

Amount of reimbursement claimed for depot operation (2.5% of value of yarn supply on actuals) : Rs.

Signature of Executive Officer

Chartered Accountant

(Name of User agency with Rubber Stamp)

APPENDIX “D” TO ANNEXURE-II

STATEMENT FOR CLAIMING OF REIMBURSEMENT FOR OPERATION OF MOBILE VANS

Sl.No	NAME OF THE STATE /AGENCY	No. OF MOBILE VANS OPERATED AND No. OF DAYS	QTY. OF YARN UNDER MGPS	YARN SUPPLIED THROUGH MOBILE VANS	REIMBURSEMENT OF RUNNING OF MOBILE VANS		AMOUNT PAID BY NHDC
					VAN No.	ACTUAL AMOUNT PAID FOR OPERATION OF VAN (ENCLOSE THE RECEIPT FROM THE VAN OPERATOR)	
TOTAL							

Certified that total No. ofVans worked for total No. of Days and the above reimbursement for mobile van operation has been paid by NHDC.

Amount of reimbursement claimed : Rs.

(Rs.1,500/- per day or actual)

Chartered Accountant

Signature of Executive Officer

(Name of the User Agency with Rubber stamp)

Chartered Accountant of NHDC

Counter signed by Managing Director