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F. No. 1-15/2016-17 (ICSSR) Fin.

April 22nd, 2019

**NOTIFICATION**

ICSSR has decided to adopt Expenditure, Advance and Transfer (EAT) Module on the direction of Ministries of Finance and Human Resource Development, Government of India to ensure complete tracking of funds released and expenditure up to the last mile implementing agency, under all the schemes being implemented by the ICSSR.

All the implementing agencies of ICSSR Scheme, Central Sector Schemes will mandatorily use EAT Module with immediate effect failing which no further funds will be released to the agencies.

It is to take immediate actions on the following issues:

1. Implementation of EAT module in Regional Centers / Universities/ Institutions/ Colleges funded by ICSSR be ensured w.e.f. FY 2019-20.
2. Bank Account(s) registered under PFMS for ICSSR scheme (0877) **will not be registered** for any other funding agency. This Account(s) shall exclusively be used for ICSSR scheme only, failing which Council will not release any further grant to the beneficiary Institutions.
3. Bank Account must be in the full name of the Institution, for eg. **Jawaharlal Nehru**

**University (ICSSR-0877).**

1. Implementing agencies who are already registered on PFMS need to add the Scheme Code 0877 and for funding agency, select **ICSSR** as funding agency (not Central Govt or State Govt.) and inform us on mail id given below along with mandate form attached.

(Naresh Saini) Deputy Chief Finance Officer

For any query you may contact

1. Sh. Subhash Chand, Finance Officer, ICSSR, Tel:-011-26742830 Email: icssrfin.nd@gmail.com
2. Sh. S. Francis, Senior Accounts Officer, PFMS, Mob. 9811862853, Email: ­ cpsms.f@gmail.com

Copy to: -

AII Programme Divisional Heads



**ICSSR PFMS Scheme**

Registration Mandate Form

|  |  |
| --- | --- |
| PFMS Unique ID |  |
| Name of the Institution |  |
| AddressState District |  |
| Pin code |  |
| Contact Person |  |
| Designation |  |
| Phone No (with STD Code) |  |
| Mobile No. |  |
| Email Address |  |
| Name of Bank |  |
| Account No. |  |
| Branch Details |  |
| Agency Name in Bank |  |

Dated: \_ Signature: \_ (of Authorized person with seal)