



भारतीय सामाजिक विज्ञान अनुसंधान परिषद्
(मानव संसाधन विकास मंत्रालय)
INDIAN COUNCIL OF SOCIAL SCIENCE RESEARCH
(Ministry of Human Resource Development)

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 upto 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 Centres / 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)**.
4. 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. Ms. Subhas, finance, ICSSR, Tel:- 011-26742380 Email : icssrfin.nd@gmail.com

Copy to:-

All Programme Divisional Heads

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ICSSR PFMS Scheme

Registration Mandate Form

PFMS Unique ID	
Name of the Institution	
Address State 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)