Sustainability Support Programme – Jalanidhi Phase I

**Format for Consultant Payment (AS 2 onwards) – Based on Milestone Activities**

**(3rd Installment)**

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| --- | --- |
| Name of Social Development Consultant: |  |
| District: |  |
| Phone No. |  |
| Bank Name and Branch |  |
| Account Number |  |
| IFSC Code |  |

***3rd Installment - Milestone 3(20% of Rs.140/- consultancy payment - scheme wise settlement) – Total Rs. 140/ - per household)***

|  |  |  |
| --- | --- | --- |
| **Sl. No.** | **Mile stone activities** | **Documents to be submitted to PC** |
| 1 | Conduct of O&M training as per the plan of KRWSA | Training Reports and Photographs |
| 2 | Completion of all physical works of the schemes selected for renovation | Progress report on physical achievements of the BGs |
| 3 | Conduct of BG meeting for the approval of O&M byelaw based on the guidelines of KRWSA | Copy of minutes of the O&M meetings |
| 4 | BG Federation Formation and Registration | Copy of minutes of the first meeting of registered BG Federation in the GP with copy of registration certificate |
| 5 | Completion of Social Audit and Financial Audit | Copy of audit reports |
| 6 | Inclusion of scheme assets to the GP Asset Register | Conformation from GP |
| 7 | Submission of IPCR and Exit of BG | Submission of copy to documents |

***Scheme wise details claiming for Payment***

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| --- | --- | --- | --- |
| ***Sl. No.*** | ***Name of GP*** | ***Name of Scheme*** | ***No. of Households*** |
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***Declaration by Social Development Consultant***

I hereby declare that I have completed all the above activities and submitted the relevant documents as part of sustainability support programme for sanctioning 3rd installment of consultancy payment 20% of Rs. 140/- per householdfor \_\_\_\_\_\_\_ no. of Schemes (40% of Rs. 140/- x No. of households)= Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees\_\_\_\_\_\_\_\_\_\_\_\_\_\_only).

(Name and Signature of Social Development Consultant with Date)

***For Office Use only:***

|  |  |
| --- | --- |
| Verified by Project Commissioner:  (Name and Signature with date) |  |
| Recommended by Manager (CD):  (Name and Signature of with date) |  |