



# COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

Human Resource Development Group

CSIR Complex, Opp Institute of Hotel Management

Library Avenue, Pusa, New Delhi- 110012, India

Tel: 011- 25841037 Website: <http://csirhrdg.res.in>

## Grant-in-Aid bill for Travel Grant for Regular Employees

(To be filled by the applicant and submitted in duplicate)

Dated: Date \_\_\_ Month \_\_\_ Year 20\_\_

To

Head  
HRD Group, CSIR Complex,  
Pusa, New Delhi-110012

Sanction No: PFA/\_\_\_\_\_/\_\_\_--HRD

1. Name of the candidate: \_\_\_\_\_

2. Address of the candidate: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin \_\_\_\_\_  
Contact No with STD code \_\_\_\_\_ Mobile No. \_\_\_\_\_  
E-mail ids \_\_\_\_\_

3. Name of Conference/Symposium etc: \_\_\_\_\_

4. Venue of Conference/Symposium: \_\_\_\_\_

5. Period of the Symposium/Seminar/Conference/Workshop etc:

From			To		
Date	Month	Year	Date	Month	Year
		20__			20__

6. Grant Sanctioned: **50% Air Fare ( subject to maximum of Rs 30,000/- ) OR Amount Rs \_\_\_\_\_ (Maximum - Rs 30,000/- )**

7. Details of financial support (in Indian Rupees):

Name of the Organization	Air Fare Sanctioned (in Indian Rupees):	Air Fare Expenditure (in Indian Rupees):
CSIR		
DST		
UGC		
INSA		
DBT		
ICMR		
Host Org.		
Parent Org.		

1

\*INCOMPLETE GRANT-IN-AID BILL IN ANY RESPECT WILL NOT BE CONSIDERED.

\*\*AND ALL THE PAGES SHOULD BE SELF ATTESTED

Others if any		
---------------	--	--

**NOTE :** Attach copy of Grant letters / documents stating Air Fare Claimed other than CSIR if any and also attach certificate regarding boarding passes if submitted elsewhere from the Institute where submitted.

8. Mode of Travel:

- (i) Whether traveled by Air India: Yes/ No (Pl tick mark  $\checkmark$ )
- (ii) If no in 8(i) above, the name of the Airline by which traveled: \_\_\_\_\_
- (iii) State also the reason why this deviation was necessary: \_\_\_\_\_

9. . Pl tick mark ( $\checkmark$ ) the name of the authority to whom the NEFT payment is to be made:

S.No.	Authority	Mark $\checkmark$
i.	Director	
ii.	Registrar	
iii.	Dean	
iv.	Finance Officer	
v.	Medical Superintendent	
vi.	Principal	
vii.	Any Other Authority designated by your Organization/Institute (Kindly specify _____)	

**Note :** Grant will be released in the account of Institution /Organization etc only

Certified that the amount claimed in this bill was utilized for the purpose for which it has been sanctioned, I attended the above conference / Symposium / workshop etc and all the particulars furnished above are correct.

\_\_\_\_\_  
Signature of the applicant

\_\_\_\_\_  
Signature of the Director/ Registrar/ Dean/ MS /  
Principal / Head of the Institution along with **Seal** and date

Sanction No: PFA/\_\_\_\_\_/\_\_\_\_--HRD

---

**TO BE FILLED BY CSIR-EMR**

Budget Head: P 801(03)

Passed for Rs: \_\_\_\_\_ (Rupees \_\_\_\_\_)

Name of the authority to whom the NEFT payment is to be made: Director/Registrar/ Dean / Medical Superintendent/  
Principal/Finance Officer / \_\_\_\_\_ as per NEFT format enclosed

**Deputy / Under Secretary / DDO**

---

**TO BE FILLED BY CSIR-Audit ( EMR III )**

MBR No. \_\_\_\_\_ Dated: \_\_\_\_\_

Pay Rs. \_\_\_\_\_ (Rupees: \_\_\_\_\_)

**Dealing Assistant**

**SO (F&A) / F&AO / Dy FA**

Rs \_\_\_\_\_ paid vide Cheque No \_\_\_\_\_ Dated \_\_\_\_\_ through NEFT / RTGS

**National Electronic Funds Transfer (NEFT) Format**  
( HRDG, CSIR Complex, Library Avenue, Pusa, New Delhi 110 012)

1	<b>Account Holders Name/Name of the Beneficiary</b>			
2	<b>Bank Account Number</b>			
3	<b>Name of the Bank</b>			
4	<b>Branch Address</b>			
5	<b>Branch Code</b>			
6	<b>Account type/Nature of Account</b> (Pl tick ✓ mark)	Saving	Current	Overdraft
7	<b>IFSC Code of the Bank</b>			
8	<b>MICR Number</b>			
9	<b>Mobile No. of the Candidate</b>			
10	<b>Email id of the Candidate</b>			

**Date :**

**Signature** of the Head of the Institute/ Director / Registrar /  
Dean / principal/ Administrative Officer / Finance Officer

**With Seal**

---

**TO BE FILLED BY CSIR**

**Narration: CSIR PFA**

**( To be used by Bank while transferring the Payment / Grant )**

**Deputy / Under Secretary /DDO**

---

---

**4**

\*INCOMPLETE GRANT-IN-AID BILL IN ANY RESPECT WILL NOT BE CONSIDERED.

\*\*AND ALL THE PAGES SHOULD BE SELF ATTESTED