



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP
CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT
LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA
Email: tgsm[at]csirhrdg[dot]res[dot]in
Phone:011-25841037

Partial Financial Assistance (PFA) Scheme for Indian regular employees
(Non-CSIR) for participation in International scientific events abroad

Grant-in-Aid bill (To be filled by the applicant and submitted in duplicate)

Date_____

To, Head, HRD Group, CSIR Complex, Pusa, New Delhi-110012
Reference CSIR Sanction No: PFA/____/___-HRD

- Name of the candidate: _____
- Complete Address of the candidate: _____ (with City_____ State _____ Pin _____)
Contact (with STD code) ____/____ Mob _____ E-mail ID _____
- Name of Conference/Symposium etc: _____
- Venue of Conference/Symposium: _____
- Period of the Symposium/Seminar/Conference/Workshop etc:

| From | | | To | | |
|------|-------|------|------|-------|------|
| Date | Month | Year | Date | Month | Year |
| | | 20__ | | | 20__ |

- Grant Sanctioned: **50% Air Fare (maximum of Rs 30,000/-) OR Amount Rs_____**
- 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 | | |
| ICMR | | |
| Host Org. | | |
| Parent Org. | | |
| Others if any | | |

NOTE : If air fare is also claimed from agency/ organization other than CSIR, pl attach their sanction letter and certificate from said agency confirming submission of original boarding pass to them, any.

8. Mode of Travel:

- (i) Whether traveled by Air India: (Pl tick mark \checkmark) **Yes/No**
(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 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/
Principal / Head of the Institution with Seal and date**

Sanction No: PFA/_____/____--HRD

TO BE FILLED BY CSIR-EMR

Budget Head: P-80(103)

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