



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP
CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT
LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA
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Travel Grant Scheme for young Indian researchers (Ph.D. students, Research Associates, Resident Doctors, etc.), Emeritus Scientists / other non-regular researchers 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: TG/____/____-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__ |

- Brief Report / Highlight of the Scientific Event (not Exceeding 1000 words)

- Grant Sanctioned: **Full Fare / Half Fare** (Tick as per sanction letter)

- 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 along with sign and seal from said agency confirming submission of original boarding pass to them, any.

9. Mode of Travel:

(i) Whether ticket booked by Govt. approved agent : (Pl tick mark \checkmark) **Yes/ No**

10. 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: TG/ _____/ ____ --HRD

TO BE FILLED BY CSIR-EMR

Budget Head: P-81(106)

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