



# 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://csirhrdq.res.in>

## Audited Statement of Expenditure for Symposium/Seminar/Conference

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

CSIR Sanction No: SYM/\_\_\_\_\_/\_\_\_\_-HRD

1 Name of the Society/Academic Institution under whose auspices the Symposium/Seminar / Conference / Workshop etc. is to be /was organized \_\_\_\_\_

2 Title / Name of the Symposium/Seminar/Conference/Workshop etc : \_\_\_\_\_

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

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

4. Grant Sanctioned: Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

5. Certified that out of Total Expenditure of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) CSIR Grant of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) has been utilized as per the details given below:

S. No	Budget Head	Amount (Rs)
i.	TA/DA	
ii.	Pre-Conference printing (announcements, abstracts etc.)	
iii.	Stationery	
iv.	Secretarial Assistance	
v.	Estimated expenditure on Publication of proceedings*	
vi.	Boarding and Lodging of delegates	
vii.	<b>Total ( 6 i to vi)</b>	

\* Number of pages of proceedings (     ); Number of copies to be printed (     )

Signature of the Organizer: \_\_\_\_\_

Name : Dr/ Ms/ Mr \_\_\_\_\_  
Designation : \_\_\_\_\_  
Department (if any) : \_\_\_\_\_  
Name of the Institute / Society etc: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_  
Contact No with STD code \_\_\_\_\_  
Mobile no \_\_\_\_\_  
e-mail ids \_\_\_\_\_

Signature of the Finance Officer/ \_\_\_\_\_

Chartered Accountant (along with seal)

Name : Dr/ Ms/ Mr \_\_\_\_\_  
Designation : \_\_\_\_\_  
Department (if any) : \_\_\_\_\_  
Name of the Institute / Society etc: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_  
Contact No with STD code \_\_\_\_\_  
Mobile no \_\_\_\_\_  
e-mail ids \_\_\_\_\_

Signature of the Head of the Institution/ \_\_\_\_\_

Organization (along with seal)

Name : Dr/ Ms/ Mr \_\_\_\_\_  
Designation : \_\_\_\_\_

Department (if any) : \_\_\_\_\_  
Name of the Institute / Society etc: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Pin \_\_\_\_\_  
Contact No with STD code \_\_\_\_\_  
Mobile no \_\_\_\_\_ e-mail ids \_\_\_\_\_