



# 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>

## Grant-in-aid Bill for Symposium/Seminar/Conference

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

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

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

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. Venue of the Symposium/Seminar/Conference/Workshop etc :

Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Pin \_\_\_\_\_

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

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

5.( A) Grant Sanctioned: Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

(B) Total Actual Expenditure: Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

(C) **Actual expenditure** as per Attached Audited Statement of Expenditure for claim from CSIR : Rs. \_\_\_\_\_  
(Rupees \_\_\_\_\_)

6. Pl tick mark (✓) the name of the authority to whom the NEFT payment is to be made:

S.No.	Authority	Mark ✓
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 Society/ Institution /Organization etc only

Certified that the amount claimed in this bill was utilized for the purpose for which it has been sanctioned, and the Audited Statement of Expenditure is enclosed as per requirement.

**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 Head of the Institution/ \_\_\_\_\_**  
**Organization (along with seal )**  
**where the Symposium/Seminar was/ is to be held.**  
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 \_\_\_\_\_

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**TO BE FILLED BY CSIR-EMR**  
**Budget Head- EMR(Misc.) P81-104**

It is certified that no AC /UC is pending from the Organization / institute in connection with earlier such grants released to them.

Pay: 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**

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**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>	Saving	Current	Overdraft
7	<b>IFSC Code of the Bank</b>			
8	<b>MICR Number</b>			
9	<b>Mobile No. of the contact person (as per col 2e of Application Proforma)</b>			
10	<b>Email id of the contact person (as per col 2e of Application Proforma)</b>			

**Date :**

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

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**TO BE FILLED BY CSIR**

**Narration: CSIR SYM**

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

**Deputy / Under Secretary /DDO**

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