



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 Travel Grant for Non Regular Employees (Submitted in duplicate)

Date: Date ___ Month ___ Year 20 ___

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

Sanction No : TG/_____/_____ --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. Place of Conference/Symposium etc.: _____

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

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

6. Grant Sanctioned: Full Air Fare / Half Air Fare / Rs. _____

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.		
Others if any		

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

**AND ALL THE PAGES SHOULD BE SELF ATTESTED

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 \surd)
(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 (\surd) the name of the authority to whom the NEFT payment is to be made:

S.No.	Authority	Mark \surd
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 guide with date : _____
Guide Name _____
Designation _____

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

TG/_____/_____-HRD

TO BE FILLED BY CSIR-EMR
Budget Head- P81-106 Subsidy for Travel Grant

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

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

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

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 TG

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

Deputy / Under Secretary / DDO

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