

COUNCIL OF SCIENTIFIC & INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP
CSIR COMPLEX, NEW DELHI-110 012

No. 10(4)/6CPC/Pool-2009

Date:- 22-04-2009
24

OFFICE MEMORANDUM

Sub:- Revision of emoluments in respect of Senior Research Associates
as per 6th Pay Commission recommendations.

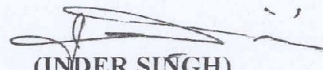
Ref.:- CSIR, HRDG, New Delhi O.M. No. 6/Fellowship(ENH)/2k7/EMR-I,
Dated 07th Dec., 2007.

The Director-General, CSIR has been pleased to approve the following revised Basic Pay Stages plus usual allowances excluding Transport Allowance in respect of Senior Research Associates of CSIR with effect from 1st Sept., 2008 as per stages given below:-

Sr. No.	Existing Basic Pay (Pre-revised)	Total Basic Pay (Revised)
1.	8000	21000
2.	8275	21000
3.	8550	21310
4.	8825	21820
5.	9100	22330
6.	10000	25200
7.	10325	25810

The Revised Basic Pay is fixed and no annual increments are admissible. The other terms & conditions will remain the same.

Hindi version follows.


(INDER SINGH)
DEPUTY SECRETARY

Copy to:-

Copy to:-

1. Directors of all national Labs/Institutes.
2. All Grantee Institutions - with the request to claim the arrear of salary in Form-9, Statement of Arrear in Form-9(a) and pre-receipted bill in Form-9(b) from the SRAs concerned.
3. All the Finance Officers of Grantee Institutions
4. Sr. PPS to DG, CSIR
5. PPS TO JS(A), CSIR
6. PA to FA, CSIR
7. PA to Head, HRDG
8. Sr COAs/COAs/AOs & FAOs of all National Labs/Institutes.
9. DS(CO), CSIR Hqrs.
10. DS(Cte), CSIR Hqrs.
11. Dy. Secy. (EMR)
12. Dy. F.A/FAO, CSIR Cx.
13. Notice Board/Web-site

FORM-9
HUMAN RESOURCE DEVELOPMENT GROUP, CSIR
CSIR Complex, NPL Campus, New Delhi-110 012
SENIOR RESEARCH ASSOCIATESHIP (SCIENTISTS' POOL SCHEME)

To
Joint Secretary (Administration)
Council of Scientific & Industrial Research
CSIR Complex, NPL Campus, Pusa,
New Delhi-110 012

WHILE CLAIMING THE GRANT IT MAY KINDLY BE
ENSURED THAT STATEMENT OF ACCOUNTS AND
UTILIZATION CERTIFICATE FOR THE PREVIOUS
GRANT HAVE BEEN SUBMITTED TO CSIR

GRANTS-IN-AID BILL

CSIR Sanction No.....

Dated

Vr. No.

Quarter/month

Name of the Senior Research Associate
(in case of single person)
Number of Senior Research Associates
(in case of consolidated bill)
(statement enclosed in triplicate)

Please send a consolidated bill of all Senior Research Associates as far as possible and enclose the details of the claim item-wise (in Rs.)

PARTICULARS	Amount of grant					Total	Contingency	Grand Total	Remarks
	Pav	DA	HRA	CCA	IR				
1 Amount sanctioned for the year 199-9									
2 Grant claimed for the Quarter/month from..... to.....									
DEDUCT									
3 Unspent balance brought forward									
4 Net Amount claimed									

- 1 Certified that the amount claimed in this bill will be utilized for the purpose for which it is sanctioned and in accordance with the Terms and Conditions for the CSIR Senior Research Associateship (Scientists' Pool Scheme).
- 2 Certified that the attendance records have been maintained and checked.
- 3 Certified that the work of the Senior Research Associates for the past six months has been satisfactory.
- 4 Certified that persons for whom HRA is claimed have not been provided any accommodation and HRA claimed is as per rules of CSIR.

Signature of the Accounts Officer/
Supervisor

Counter signature & Designation of the Head of Institution
(Office Stamp)

(TO BE FILLED IN BY THE CSIR)

Sr.No. / /SRA*

Dated

Passed for Rs..... only (Rs.....)

Cheque to be issued in favour of

Deputy/Under Secretary/Section Officer
CSIR Complex, New Delhi

Budget Head: Senior Research Associateship (Scientists' Pool Scheme)

Pay Rs. only (Rs.)

Paid-Vide Cheque No.....

Date Rs.

Finance & Accounts Officer (EMR)

* SRA, wherever occurs, to be read as Senior Research Associate.

Finance & Accounts Officer (EMR)
CSIR Complex, New Delhi

Statement of Arrear of Pay from 01-09-2008

SRA's Name: _____ Pool No.: _____

Placement: _____

Date of Joining: _____ Date of Relieving: _____ Basic Pay: _____

Month	Due BP+GP+DA+HRA	Drawn BP+DP+DA+HRA+CCA	Difference
Sept.2008			
Oct.2008			
Nov.2008			
Dec.2008			
Jan.2009			
Feb.2009			
March,2009			
April,2009			
May,2009			
TOTAL			

(Signature of Accounts Officer)

(Signature of Head of Institution/Orgn.)

Office Stamp

Form-9(b)

PRE-RECEIPTED CLAIM BILL FOR

ARREAR OF SALARY

(To be filled in by the Sr. Research Associate)

Name of the Sr. Research Associate _____

Basic Pay _____ Institute/Organization _____

Period of Stay as SRA from _____ To _____

Total Amount Claimed _____

(Signature of Sr. Research Associate/Ex-SRA)

Date:- _____

(Re.1/- revenue stamp in case of claim of
more than of Rs.5000/-)

Present Address:-

(Signature of Accounts Officer)

(Signature of Head of Institution/Orgn.)

Office Stamp