## FORM - J CLAIM BILL FORM



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH Human Resource Development Group CSIR Complex, Library Avenue, Pusa, New Delhi – 110012

(To be photocopied, filled and submitted in triplicate)

То

## HEAD (HRDG) Council of Scientific & Industrial Research CSIR COMPLEX, LIBRARY AVENUE (OPP. INST OF HOTEL MANAGEMENT), PUSA, NEW DELHI – 110 012.

Bill No. \_\_\_\_\_

CSIR Sanction No. \_\_\_\_\_ Dated \_\_\_\_\_

Name of Scheme in full \_\_\_\_\_\_

PARTICULARS	AMOUNT OF GRANT						REMARKS
	Staff	Cont.	Eqpt.	HRA*	Overhead Exp.	TOTAL	
1. Amount Sanctioned for Year							
2. Amount Claimed for period from to 							
Deduct:							
3. Unspent balance from the grant of last year							
4. Net amount claimed							

 Certified that the amount claimed in this bill will be utilised for the purpose for which it has been sanctioned and the audited statement of expenditure will be furnished as per requirement. We agree and abide by the Terms and Conditions that the excess expenditure, if any, incurred will be met from institution's funds and not from CSIR funds. 2) Certified that the persons for whom HRA has been claimed have not been provided any accommodation and HRA claim is as per rules of this Institute. (Details of the staff for which grant under "Staff" is claimed should invariably be given on the reverse). The rate of H.R.A. may be indicated against the name of Fellow for whom H.R.A. has been claimed.

Counter-Signature & Designation Head of the Institution with Office Stamp	of	Signature of the Principal Investigator							
(This space is to be filled in by the CSIR)									
Gr No	dated	Budget Head							
Pay Rupees									
Demand Draft/Cheque to be									
Issued in favour of									
		Section Officer CSIR COMPLEX, LIBRARY AVENUE, PUSA NEW DELHI – 110 012							
For use of Audit:									
Budget Head									
MBR-EG	dated								
Pay Rs									
Rupees		only.							

Accounts Officer CSIR COMPLEX,LIBRARY AVENUE, PUSA NEW DELHI – 110 012

Page 2 of 3

## **Details of Staff:**

S.No.	Name	Position held and rate of monthly stipend	Date of joining	Period for which grant is claimed

Signature of Principal Investigator Date: