



**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)

To

**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	Conti -gency	Scientist Allowa -nce	Equip -ment	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								

1) 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 of  
Head of the Institution with  
Office Stamp

Signature of the  
Emeritus Scientist

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(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**

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**For use of Audit:**

Budget Head \_\_\_\_\_

MBR-EG \_\_\_\_\_ dated \_\_\_\_\_

Pay Rs. \_\_\_\_\_

Rupees \_\_\_\_\_ only.

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

**Details of Staff:**

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

Signature of Emeritus Scientist  
Date: