



**FORM-K**  
**FORM FOR ELECTRONIC TRANSFER OF FUNDS**

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

Scheme No.	
Name of Laboratory/Institute/University	

**Beneficiary Details:**

Beneficiary Account Name	
Account Number (for Credit)	
Bank IFSC Code	
Bank Name	
Branch Name	
The information provided above is true and correct to the best of my knowledge.	
Signature of the Emeritus Scientist	Stamp & Signature of one Authorized Signatory for beneficiary account
Name :	Name :
Date :	Date :