

FORM-10

**HUMAN RESOURCE DEVELOPMENT GROUP, CSIR
CSIR Complex, Library Avenue, Pusa, New Delhi-110 012**

**SENIOR RESEARCH ASSOCIATESHIP
(SCIENTISTS' POOL SCHEME)**

RECEIPT AND PAYMENT ACCOUNTS FOR THE YEAR 20__ - 20__

Name of the University/College/Hospital/Institute _____

Particulars of the Senior Research Associate	Balance brought forward from previous year (A)			Receipt during the year (B)			Total of Column (A) & (B)			Payment made during the year			Balance C.O. to next year		
	Pay & Allow.	Contg.	Total	Pay & Allow.	Contg.	Total	Pay & Allow.	Contg.	Total	Pay & Allow.	Contg.	Total	Pay & Allow.	Contg.	Total

Signature of the Registrar/Principal/
Accounts Officer of the Univ./College/
Institute/Hospital with Official Seal