



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP CSIR
COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT
LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA
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Phone:011-25841037

**Partial Financial Assistance (PFA) Scheme for Indian regular employees
(Non-CSIR) for participation in International scientific events abroad**

MAIN APPLICATION

1. Full Name Dr/Mr./Ms _____
(In CAPITAL letters) First Name Middle Name Last Name
2. Date of Birth: Date ____ Month ____ Year ____
3. Gender: Male: Female
4. Nationality: _____
5. Designation/ Current Affiliation: _____
6. Applicants address for Communication: _____
City _____ State _____ Pin _____
Contact No with STD code ____/____ Mob _____ E-mail ID _____
7. Place of Work: Dept: _____ Institute _____
City _____ State _____ Pin _____
8. HOD Details: Name _____
Contact No with STD code ____/____ Mob _____ E-mail ID _____

9. Educational qualifications:

Degree	University / Institute	Year of Passing/ Expected Completion Date	%age of Marks	Division
1. M Sc / MBBS / BE/ B Pharma /_ (Pl tick mark √)				
2. PhD / MD / ME/ M Pharma/_____ (Pl tick mark √)				
3. Others				

10. Field of Specialization: _____

11. Indicate your Basic Pay/Salary per month Rs. _____

12. Name of Scientific Conference /Symposium/ Workshop _____

13. Venue (City/ Country) : _____/ _____

14.

Dates (DD/MM/YY): From ____/____/20____ to ____/____/20____

15. Major discipline in which it falls (Pl tick mark √)

Chemical Sciences Life Sciences Engineering Mathematical Sciences

Physical Sciences Earth Environment, Ocean and Atmospheric Sciences

Medical Sciences Multi-disciplinary IT/ITES/Information Sciences

16. Whether Presenting a research paper: ORAL POSTER Workshop/Training
(Attach copy of the abstract and letter of acceptance from the organizers)

17. Purpose of visit & its possible impact in the Indian context: (Attach separate sheet)

18. Financial support already assured/approached from other sources:

- Organizer: _____

- Parent Organization: _____

- Any other: _____

(Attach copies of letters if already sanctioned)

19. Estimated cost of **Air Fare**: Rs. _____ *(Attach estimate from Govt approved agent)*

20. Amount of assistance requested from CSIR for Air Fare (50% air fare subject to maximum of Rs 30,000/-): Rs. _____

Note: In case the grant is sanctioned, the journey should be strictly performed by the shortest route in excursion economy class and International Travel can be made by private airlines. Tickets must be purchased by utilizing the services of Government Authorized Travel Agents only viz. M/s Balmer Lawrie & Company, M/s Ashok Travels & Tours and IRCTC as warranted under Govt. of India orders in this regard.

21. State the name of the Authority (Director, registrar, Dean or any other designated authority) of society/Institution/organization to whom the grant can be released. **(Please note that the grant cannot be released to an individual's account):**

22. Research papers published in indexed journals by the applicant in the last 5 years. ***(Attach Reprints of the two best papers. Do not include abstracts, conference proceedings etc.)***

S. No	Names of all authors	Title of the paper	Name of the Journal and Volume, Year and Page Number
1			
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23. Details of foreign travel assistance received, if any, from CSIR in the last 3 years:

Organization	Year (Date)	Place Visited	Sanction No.	Amount Received (in Rs.)

24. Any other information:

25. I further declare that the information furnished above is correct and that I have not availed support from CSIR in the last 3 years under this Scheme.

Date:
Place:

Signature of the Applicant

**To be filled by the Head of the Department /Institution:
(Application should not be forwarded beyond the enrolment / tenure period of the candidate)**

Recommendation of the Head of the department giving justification and relevance for seeking assistance:

It is also certified that the information provided by the applicant is correct.

Signature of the Head Of the Department

**Signature of the Director/ Registrar/
Dean/ Principal / Head of the Institution**

Name: _____

Name: _____

Date:

Date:

Seal: