## Form-CSIR/PFA/19/GA



## COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH HUMAN RESOURCE DEVELOPMENT GROUP CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA Email: tgsm[at]csirhrdg[dot]res[dot]in Phone: 011-25841037

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

## Grant-in-Aid bill (To be filled by the applicant and submitted in duplicate)

			Head, HRD Group, CSIR Complex, Pusa, New Delhi-110012						Date		
To, Refe	erence			RD Group, Conction No: P	_		ew Dell	1i-110012			
1.	Name o	f the ca	ndidate:								
2.	Comple	te Addr	ess of the	candidate: _	(with	City	Sta	te	Pin	)	
	Contact	(with S	STD code)	/	Mob	E-	mail ID		_		
3.	Name o	f Confer	ence/Syn	nposium etc	i						
4.	Venue o	of Confe	rence/Syı	mposium:							
5.	Period o	of the Sy	mposium	ı/Seminar/C	onference/V	Workshop (	etc:				
		Fr	om			To	)				
]	Date		onth	Year 20	Date	Mon	th	Year 20_			
6.	Grant Sa	anction	ed: <b>50%</b> .	Air Fare (m	aximum of	Rs 30,000	/-) OR A	Amount R	Rs		
7.	Details	of finan	cial suppo	ort <b>(in India</b>	n Rupees):						
Name of the		Air Fare Sanctioned		ioned	Air Fare Expenditure		nditure				
Organization		(in Indian Rupees):		ees):	(in Indian Rupees):						
CSI											
DS											
ICN											
	st Org.										
	ent Org.	_							_		
uth	ners if any	/							1		

NOTE: If air fare is also claimed from agency/ organization other than CSIR, pl attach their sanction letter and certificate from said agency confirming submission of original boarding pass to them, any.

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Whether ticket booked by Govt. approved agent: (Pl tick mark  $\sqrt{\ }$ ) Yes/No (i)

Pl tick mark ( $\sqrt{\ }$ ) the name of the authority to whom the NEFT payment is to be made: 9.

S.No.	Authority	Mark √
i.	Director	
ii.	Registrar	
iii.	Dean	
iv.	Finance Officer	
v.	Medical Superintendent	
vi.	Principal	
vii.	Any Other Authority designated by your Organization/Institute	
	(Kindly specify)	

vii.	Any Other Authority designated l					
N-4- C	(Kindly specify)  Note: Grant will be released in the account of Institution /Organization only					
Certified sanction	d that the amount claimed in this ned, I attended the above confere ed above are correct.	s bill was utilized for th	ne purpose for which it has bee			
Sign	nature of the applicant Pr	•	Director/ Registrar/ Dean/ astitution with Seal and date			
Sanction	No: PFA//	)				
	_	FILLED BY CSIR-EMR get Head: P-80(103)				
Passed	for Rs:(Rupees					
	of the authority to whom the NEI Superintendent/Principal/Finandd.					
	<u>TO BE FILLE</u>	I D BY CSIR-Audit ( EMR	Deputy / Under Secretary/DDO <u>III )</u>			
MBR No	o Dated:	•	·			
Pay Rs	(Rupees:		)			
Dealing	g Assistant	SO (F&A) / F&AO / Dy FA				
Rs	paid vide Cheque No	Dated	through NEFT / RTGS			