



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH

Human Resource Development Group
CSIR Complex, Opp Institute of Hotel Management
Library Avenue, Pusa, New Delhi- 110012, India
Tel: 011- 25841037 Website: <http://csirhrdq.res.in>

Grant-in-aid Bill for Travel Grant for Non Regular Employees (Submitted in duplicate)

Date: Date ___ Month ___ Year 20 ___

Head
HRD Group, CSIR Complex,
Pusa, New Delhi-110012

Sanction No : TG/_____/_____ --HRD

1. Name of the candidate: _____

2 Address of the candidate _____

City _____ State _____ Pin _____
Contact No with STD code _____ Mobile no _____
e-mail ids _____

3. Name of Conference/Symposium etc.: _____

4. Place of Conference/Symposium etc.: _____

5. Period of the Symposium/Seminar/Conference/Workshop etc:

| From | | | To | | |
|------|-------|------|------|-------|------|
| Date | Month | Year | Date | Month | Year |
| | | 20__ | | | 20__ |

6. Grant Sanctioned: Full Air Fare / Half Air Fare / Rs. _____

7. Details of financial support (in Indian Rupees):

| Name of the Organization | Air Fare Sanctioned (in Indian Rupees): | Air Fare Expenditure (in Indian Rupees): |
|--------------------------|---|--|
| CSIR | | |
| DST | | |
| UGC | | |
| INSA | | |
| DBT | | |
| ICMR | | |
| Host Org. | | |
| Parent Org. | | |
| Others if any | | |

1 *INCOMPLETE GRANT-IN-AID BILL IN ANY RESPECT WILL NOT BE CONSIDERED.

**AND ALL THE PAGES SHOULD BE SELF ATTESTED

NOTE : Attach copy of Grant letters / documents stating Air Fare Claimed other than CSIR if any and also attach certificate regarding boarding passes if submitted elsewhere from the Institute where submitted.

8. Mode of Travel:

- (i) Whether traveled by Air India: Yes/ No (Pl tick mark \surd)
(ii) If no in 8(i) above, the name of the Airline by which traveled: _____
(iii) State also the reason why this deviation was necessary: _____

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

| S.No. | Authority | Mark \surd |
|-------|--|--------------|
| 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 _____) | |

Note : Grant will be released in the account of Institution /Organization etc only

Certified that the amount claimed in this bill was utilized for the purpose for which it has been sanctioned, I attended the above conference / Symposium / workshop etc and all the particulars furnished above are correct.

Signature of the applicant

Signature of the guide with date : _____
Guide Name _____
Designation _____

Signature of the Director/ Registrar/ Dean/ MS /
Principal / Head of the Institution along with **Seal and Date**

TO BE FILLED BY CSIR-EMR
Budget Head- P81-106 Subsidy for Travel Grant

Passed for Rs: _____ (Rupees _____)

Name of the authority to whom the NEFT payment is to be made: Director/Registrar/ Dean / Medical Superintendent/
Principal/Finance Officer / _____ as per NEFT format enclosed

Deputy / Under Secretary / DDO

TO BE FILLED BY CSIR-Audit (EMR III)

MBR No. _____ Dated: _____

Pay Rs. _____ (Rupees: _____)

Dealing Assistant

SO (F&A) / F&AO / Dy FA

Rs _____ paid vide Cheque No _____ Dated _____ through NEFT / RTGS

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National Electronic Funds Transfer (NEFT) Format
(HRDG, CSIR Complex, Library Avenue, Pusa, New Delhi 110 012)

| | | | | |
|----|---|--------|---------|-----------|
| 1 | Account Holders Name/Name of the Beneficiary | | | |
| 2 | Bank Account Number | | | |
| 3 | Name of the Bank | | | |
| 4 | Branch Address | | | |
| 5 | Branch Code | | | |
| 6 | Account type/Nature of Account (Pl tick <input type="checkbox"/> mark) | Saving | Current | Overdraft |
| 7 | IFSC Code of the Bank | | | |
| 8 | MICR Number | | | |
| 9 | Mobile No. of the Candidate | | | |
| 10 | Email id of the Candidate | | | |

Date :

Signature of the Head of the Institute/ Director / Registrar /
Dean / principal/ Administrative Officer / Finance Officer

With Seal

TO BE FILLED BY CSIR

Narration: **CSIR TG**

(To be used by Bank while transferring the Payment / Grant)

Deputy / Under Secretary / DDO

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