



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://csirhrdg.res.in>

Grant-in-aid Bill for Symposium/Seminar/Conference

(To be filled by the candidate and submitted in duplicate)

Date: Date ___ Month ___ Year 20 ___

Head

HRD Group, CSIR Complex,

Pusa, New Delhi-110012

Sanction No: SYM/_____/_____-HRD

1 **Name** of the Society/Academic Institution under whose auspices the Symposium/Seminar / Conference / Workshop etc. is to be /was organized _____

2 Title / Name of the Symposium/Seminar/Conference/Workshop etc : _____

3. Venue of the Symposium/Seminar/Conference/Workshop etc :

Address: _____

City _____ State _____

Pin _____

4. Period of the Symposium/ Seminar/ Conference/ Workshop etc: **From** Date___ Month___ Year 20 ___ **To** Date ___ Month ___ Year 20 ___

5. Grant Sanctioned: Rs. _____ (Rupees _____)

6. Pl tick mark (✓) the name of the authority to whom the NEFT payment is to be made:

Director/Registrar/ Dean / Medical Superintendent/ Principal/Finance Officer / any authority designated by your Organization / Institute, kindly specify _____

and provide details as per **NEFT format** enclosed

Certified that the amount claimed in this bill will be/was utilized for the purpose for which it has been sanctioned, and the Audited Utilization Certificate will be furnished as per requirement. We agree and abide by the terms and conditions that the excess expenditure, if any, incurred will be/was met from the institution's fund and will not ask additional fund from CSIR.

Signature of the Organizer: _____

Name : Dr/ Ms/ Mr _____

Designation : _____

Department (if any) : _____

Name of the Institute / Society etc: _____

Address _____

City _____

State _____ Pin _____

Contact No with STD code _____

Mobile no _____ e-mail ids _____

Signature of the Head of the Institution/ _____
Organization (along with seal)
where the Symposium/Seminar was/ is to be held.
Name : Dr/ Ms/ Mr _____
Designation : _____
Department (if any) : _____
Name of the Institute / Society etc: _____
Address _____
City _____
State _____ Pin _____
Contact No with STD code _____
Mobile no _____ e-mail ids _____

TO BE FILLED BY CSIR-EMR
Budget Head- EMR(Misc.) P81-104

It is certified that no AC /UC is pending from the Organization / institute in connection with earlier such grants released to them.

Pay: 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

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	Saving	Current	Overdraft
7	IFSC Code of the Bank			
8	MICR Number			
9	Mobile No. of the contact person (as per col 2e of Application Proforma)			
10	Email id of the contact person (as per col 2e of Application Proforma)			

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 SYM

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

Deputy / Under Secretary /DDO
