



# 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)

Dated :Month \_\_\_ Date \_\_\_ Year 20 \_\_\_

To

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 Month \_\_\_ Date \_\_\_  
Year 20\_\_\_ to Month \_\_\_ Date \_\_\_ Year 20\_\_\_

5. Grant Sanctioned : Rs. \_\_\_\_\_ ( Rupees \_\_\_\_\_ )

6. Cheque to be issued in favour of: Director / Registrar / Dean /Principal/ \_\_\_\_\_  
( PI tick mark  OR write for others after asking from your Organization )

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 not from CSIR funds.

Signature of the Organizing Agency: \_\_\_\_\_

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 \_\_\_\_\_

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

Pay: Rs: \_\_\_\_\_ (Rupees \_\_\_\_\_)

Cheque to be issued in favour of: Director / Registrar / Dean /Principal/ \_\_\_\_\_

Sent to: Address \_\_\_\_\_

Deputy Secretary  
CSIR Complex, New Delhi

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**TO BE FILLED BY CSIR-Audit**

MBR No. \_\_\_\_\_ Dated: \_\_\_\_\_

Rs. \_\_\_\_\_ (Rupees: \_\_\_\_\_)

Account Officer