

MBR No. \_\_\_\_\_  
Date \_\_\_\_\_

**TO BE SUBMITTED IN TRIPLICATE**

To,  
Head, HRDG  
CSIR Complex

WHILE CLAIMING THE GRANT MAY KINDLY BE ENSURED THAT STATEMENT OF ACCOUNT AND UTILIZATION CERTIFICATE FOR THE PREVIOUS GRANT HAVE BEEN SUBMITTED TO CSIR.

**GRANT-IN-AID-BILL**

CSIR Sanction No. \_\_\_\_\_  
Name of the Fellows \_\_\_\_\_  
(In case of single person)

Dated \_\_\_\_\_

Number of Research Fellows \_\_\_\_\_  
(In case of consolidated bill)  
**Please send a consolidated bill of all RAs / Fellows as far as possible**

RA  
SRF **Statement enclosed**  
JRF **in triplicate**  
SPMF

PARTICULARS	AMOUNT OF GRANT			TOTAL	REMARKS
	STIPEND	CONTINGENCY	HRA		
1. Amount Sanctioned for the Year					
2. Grant claimed for the period from _____ to _____					
DEDUCT 3. Unspent Balance brought forward					
4. Net Amount Claimed					

1. Certified that the amount claimed in the bill will be utilized for the purpose it is sanctioned and in accordance with the terms and Conditions for CSIR Fellowship and Grants
2. Certified that the attendance records have been maintained & checked.
3. Certified that the work of the Research Fellows/Associate for the past six months has been satisfactory.
4. Certified that the persons for whom HRA is claimed have not been provided any accommodation and HRA claimed is as per Central/State Government norms.
5. THE BANK DETAILS IN RESPECT OF HOST INSTITUTE AS STATED BELOW MAY ALSO BE FILLED IN TO AVOID DELAY IN PAYMENT

Name of the beneficiary Institution	
Bank Account No.	
Nature of bank Account	
MICR No	
Name of the Bank & Address	
Bank Branch Code	
IFS Code	

Signature of the Supervisor/Guide

Counter-Signature & Designation

of Head of Institute  
(Office Stamp)

**(To be filled in by CSIR) Budget Head P-81-101**

Gr No. \_\_\_\_\_ -EMR-I Dated: \_\_\_\_\_

Passed for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Payment may be released in favour of

\_\_\_\_\_  
\_\_\_\_\_

**Under Secretary/Section Officer  
CSIR Complex**  
only (Rupees \_\_\_\_\_)

Pay Rs. \_\_\_\_\_ )

**Sr. Finance & Account Office  
CSIR Complex**

The Payment through RTGS/NEFT/ECS/ may please be released in favour of \_\_\_\_\_

A/C No. No. \_\_\_\_\_ with IFS Code \_\_\_\_\_

**Sr. F&AO (EMR)**