

FORM-9

HUMAN RESOURCE DEVELOPMENT GROUP, CSIR
CSIR Complex, Library Avenue, Pusa, New Delhi-110 012
SENIOR RESEARCH ASSOCIATESHIP

To
Head, HRDG,
Council of Scientific & Industrial Research
CSIR Complex, Library Avenue, Pusa,
New Delhi-110 012.

WHILE CLAIMING THE GRANT IT
MAY KINDLY BE ENSURED THAT
STATEMENT OF ACCOUNTS AND
UTILIZATION CERTIFICATE FOR THE
PREVIOUS FINANCIAL YEAR HAVE
BEEN SUBMITTED TO CSIR

GRANT-IN AID BILL

CSIR Sanction No. _____

Dated _____

Quarter/Month _____

Name of the Senior Research Associate _____
 (in case of single person)
 Number of Senior Research Associate _____
 (in case of consolidated bill)
 (statement enclosed in triplicate)

Please send a consolidated bill of all Senior Research Associates as far as possible and enclose the details of the claim item-wise (in Rs.)

PARTICULARS	Amount of grant			Total	Contin gency	Grand Total	Remarks
1.Amount sanctioned for the year _____	Pay	DA.	HRA				
2. Grant claimed for the Quarter/month from _____ to _____							
DEDUCT							
3. Unspent balance brought forward							
Net Amount claimed							

1. Certified that the amount claimed in this bill will be utilized for the purpose for which it is sanctioned and in accordance with the Terms and Conditions for the CSIR Senior Research Associateship (Scientists' Pool Scheme).
2. Certified that the attendance records have been maintained and checked.
3. Certified that the work of the Senior Research Associates for the past six months has been satisfactory.
4. Certified that persons for whom HRA is claimed have not been provided any accommodation and HRA claimed is as per rules of CSIR.

Signature of the Accounts Officer/
 Supervisor

Counter signature & Designation of the Head of Institution
 (Office Stamp)

(TO BE FILLED IN BY THE CSIR)

Sr. No./ _____/SRA*0

Date: _____

Passed for Rs. _____ only (_____)

Cheque/DD to be issued in favour of _____

Deputy/Under Secretary/Section Officer
 CSIR Complex, New Delhi

Budget Head: Senior Research Associateship (Scientists' Pool Scheme)

Pay Rs. _____ only (Rs. _____)

Paid-vide cheque No. _____

Date _____ Rs. _____