



FORM-K
FORM FOR ELECTRONIC TRANSFER OF FUNDS

COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
Human Resource Development Group
CSIR Complex, Library Avenue, Pusa, New Delhi – 110012

Scheme No.	
Name of Laboratory/Institute/University	

Beneficiary Details:

Beneficiary Account Name	
Account Number (for Credit)	
Bank IFSC Code	
Bank Name	
Branch Name	

The information provided above is true and correct to the best of my knowledge.

Signature of the Principal Investigator	Stamp & Signature of one Authorized Signatory for beneficiary account
Name :	Name :
Date :	Date :