

Council of Scientific & Industrial Research Human Resource Development Group



CLAIM FORM FOR CSIR SPECIAL HONORARIUM FOR SSB AWARDEES (TO BE FILLED UP BY THE AWARDEE)

1	Name of the Awardee (in CAPITAL / BLOCK Letters)							
2	(a) Year of Award		(b) Discip	oline				
3	Current field of specialization							
4	Date of Birth (DD/MM/YYYY)							
5	Date of superannuation (DD/	VMM/YYYY)						
6	a) Residential Address							
	b) Telephone Numbers	Office R	esidence	Mobile				
	c) Email address							
7	Claim for the period (DD/MM/YYYY)		to					
8	Name & address of the Institution presently working along with email address							
9	Whether the Institution is publicly funded and registered with DSIR for all such purposes YES NO							
10	Amount claimed (Rs.15000/- p	er month)						
	Number of months x Rs.15000)/- Rs.						
It is certified that all above information is correct to the best of my knowledge and I am not claiming special honorarium of Rs. 15000/- pm (Rupees fifteen thousand only) from any other source. It is certified that I have been paid SSB Special honorarium for the previous year(s).								
Special Honorarium will be remitted online through NEFT with narration "SSB SPECIAL HONORARIUM CSIR" (Please provide the bank account details of the organization / Institute / Laboratory as per enclosed NEFT format)								
Į	Signature of Competent Authority of the Signature of the SSB Awardee							

National Electronic Funds Transfer (NEFT) Format

Special Honorarium to SSB Awardees (Currently serving in public funded organization)							
1	Account Name of the Organization/ Institute / Laboratory						
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						

I hereby declare that the particulars given are correct and complete. Special Honorarium may be remitted online through NEFT with respect to the Bhatnagar Awardee(s) working in this Organization / Institute/ Laboratory whose claim form(s) is / are enclosed.

Date:-

(Signature of the competent authority of the organization with seal)

Contact No: Email ID:

TO BE FILLED BY CSIR

Narration: SSB SPECIAL HONORARIUM CSIR

(To be used by the Bank while transferring the payment)