



COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH
HUMAN RESOURCE DEVELOPMENT GROUP
CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT
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Symposia Grant Scheme for Organising Scientific Events (Symposia/
Seminars / Conferences/ workshops, etc. within India

GRANT-IN-AID BILL

(To be filled by the Applicant and submitted in duplicate)

Date: _____

To: Head, HRD Group, CSIR Complex, Pusa, New Delhi-110012
Reference CSIR Sanction No: SYM/_____/____--HRD

1. Name of the Organisation under whose auspices the Scientific Event was organized:

2. Title/Name of the Scientific Event : _____

3. Venue of the Event (Address) _____

4. Period:

From			To		
Date	Month	Year	Date	Month	Year
		20__			20__

5. Brief report (highlights) of the Scientific Event (Less than 1000 words- Attach separate sheet)

6. (a) Grant Sanctioned: Rs. _____ (Rupees _____)
(b) Total Actual Expenditure: Rs. _____ (Rupees _____)
(c) **Actual expenditure** as per Attached Audited Statement of Expenditure for claim from
CSIR: Rs. _____ (Rupees _____)

7. Pl tick mark (√) the name of the authority to whom the NEFT payment is to be made:

S.No.	Authority	Mark √
i.	Director	
ii.	Registrar	
iii.	Dean	
iv.	Finance Officer	
v.	Medical Superintendent	
vi.	Principal	
vii.	Any Other Authority designated by your Organization/Institute (Kindly specify _____)	

Note : Grant will be released in the account of Society/Institution/Organization etc only

Certified that the amount claimed in this bill was utilized for the purpose for which it has been sanctioned, and the Audited Statement of Expenditure is enclosed as per requirement.

Organizer:

Signature _____
Name : _____
Designation: _____
Address: _____
City _____ State _____ Pin _____
Mob No. _____
Email ID _____
Seal / Stamp

Head of the Organisation (Place of Event)

Signature _____
Name : _____
Designation: _____
Address: _____
City _____ State _____ Pin _____
Mob No. _____
Email ID _____
Seal / Stamp

TO BE FILLED BY CSIR-EMR

Budget Head- EMR (Misc.) P81-104

It is certified that no AC /UC is pending from the Organization/institute in connection with earlier such grants released to them.

Pay: Rs: _____ (Rupees _____)
Name of the authority to whom the NEFT payment is to be made: Director/Registrar/
Dean/Medical Superintendent/ Principal/Finance Officer / _____
as per NEFT format enclosed.

Deputy/Under Secretary /DDO

TO BE FILLED BY CSIR-Audit (EMR III)

MBR No. _____ Dated: _____ Pay Rs. _____ (Rupees: _____)

Dealing Assistant

SO (F&A)/F&AO/DyFA

Rs _____ paid vide Cheque No _____ Dated _____ through NEFT/RTGS