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| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH****HUMAN RESOURCE DEVELOPMENT GROUP****CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT****LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA** **Travel Grant Scheme for young Indian researchers (Ph.D. students, Research Associates, Resident Doctors, etc.), Emeritus Scientists/other non-regular researcher for participation in International scientific events abroad..................**  |

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**CSIR TRAVEL GRANT SCHEME– INFORMATION AND INSTRUCTIONS**

1. **ABOUT THE SCHEME**

The Scheme is aimed at providing financial assistance to Young Indian Researchers (Ph.D. Students, Research Associates, resident Doctors, etc.) and Emeritus Scientists / other non-regular researchers for participation / presenting their research papers in international Scientific Events such as conferences/ Seminars/ Symposia/ Workshops/ Short-term School/ courses/ training programs. The scheme provides up to full reimbursement of the actual airfare from the airport (nearest to the place of work in India) to the venue of the Event and back.

1. **ELIGIBILITY**
2. Applicant should be an active Young Indian Researcher (Ph.D. Student, Research Associate, resident Doctor, etc.) and Emeritus Scientist / other non-regular researcher engaged in research and development.
3. Minimum educational qualification should be Post Graduate in Science or Bachelor degree in Engineering/Technology/ medicine or equivalent qualification from recognized university / institution.
4. The Applicant should not have availed financial assistance for travel support from CSIR in the last 3 years.
5. Applicant should have published paper(s) in refereed journals.
6. Applicant should have an accepted paper for presentation as a single or lead author or has received invitation to chair a session or as a Keynote Speaker at the event.
7. Application form must reach CSIR-HRDG **at least 2 months** in advance but not more than 4 months in advance. **Incomplete / Late application form may not be considered.**
8. Application must be signed by the candidate and by duly authorized signatories at the academic institution where the applicant is working. No application would be entertained without signature of the authorized signatories in the column provided.
9. The candidate is expected to attend the entire conference / event

**In case the grant is sanctioned, the journey should be strictly performed by the shortest route in excursion/economy class by Air India. Tickets should be purchased directly from the booking counters/Website of Air India or through Government of India approved travel agents namely, M/s Balmer Lawrie & Company, M/s Ashok Travels & Tours and IRCTC. In case Air India does not operate a particular sector or tickets are not available on the date of journey, journey for that sector can be performed by Code share / partner airlines of Air India and a certificate from issuing agency reg non-operational sector of AI / non-availability of ticket by Air India on that day must be furnished. Please note that no deviation / exception will be permissible in this regard. GoI guidelines are available on** [**https://doe.gov.in/sites/default/files/Guidlines\_Air\_Travel\_19.07.2017.pdf**](https://doe.gov.in/sites/default/files/Guidlines_Air_Travel_19.07.2017.pdf)

1. **DOCUMENTS TO BE SUBMITTED (PRE-SANCTION STAGE)**
	1. Summary Sheet (**Form-CSIR/TG/19/SUM**) and Application form (Form-**CSIR/TG/19/MAIN**, placed at Annexure 1 and 2 respectively, complete in all respects and duly forwarded through proper channel,
	2. Letter of Acceptance / invitation from organizers,
	3. NOC / Permission from Institute (Place of work) for duration of stay abroad,
	4. Copy of Brochure/Announcement of the conference/Seminar/Symposia/Workshop, etc.,
	5. Abstract of the paper accepted for presentation, with details & affiliations of all co-authors, if any,
	6. In case the applicant is not the lead author, a certificate from the lead author indicating the circumstances of deputing the applicant to present the paper,
	7. Memo / Estimate of air fare by economy/excursion class by shortest route from Air India / Government approved travel agent,
	8. A copy of letter regarding commitment from any other national or international agency for any financial assistance, full or partial for travel, registration, per diem etc, if any, and
	9. Certificate from the applicant that he/she has not availed travel support from CSIR in the last 3 years.
2. **DECLARATION OF RESULTS AND ISSUE OF SANCTION LETTER**

CSIR shall notify the result on its website ([www.csirhrdg.res.in/results.htm](http://www.csirhrdg.res.in/results.htm)) and also send the sanction letter to the selected candidates at the Communication address specified in the application form. CSIR HRDG shall not be responsible for delay / loss of the sanction letter. In the event, the candidate does not receive sanction letter within 10 days of declaration of results, s/he may write to tgsm[at]csirhrdg[dot]res[dot]in requesting for a copy of sanction letter. A copy of the sanction letter will be sent to the email ID specified by the candidate in his/her application form. No interim correspondence will be entertained and canvassing in any form would lead to disqualification of the applicant.

1. **DOCUMENTS TO BE SUBMITTED - FOR REIMBURSEMENT (POST COMPLETION OF EVENT)**

The sanctioned amount, subject to actual as per rules, will be reimbursed to institute’s account post completion of event, subject to receipt of following documents (**ALL THE DOCUMENTS ( i to vi) TO BE SUBMITTED IN DUPLICATE – ORIGINAL plus one photocopy, all pages duly self-attested by the candidate)**

* 1. Grant-in-Aid (form **CSIR/TG/19/GA**) placed at Annexure 3
	2. Tour report (Form-**CSIR/TG/19/TR**) placed at [Annexure](https://www.dbtctep.gov.in/ctepDocs/Travel_report_Annex_II.doc) 4
	3. Ticket / e-ticket with boarding passes. **Please note that the claim bill will be admitted for reimbursement only if air ticket is booked through Air-India/ government approved travel agents** mentioned in **Information and Instructions**
	4. A Certificate of participation at the scientific event from the organizers.
	5. Copy of sanction / approval letter related to travel support received for the trip from other organization, if any.
	6. NEFT form (duly verified and attested) giving bank details of your organization - Name as per bank records, bank name, branch name and address, account no, nature of account, IFSC code and MICR Code (Form-**CSIR/TG/19/NEFT** placed at Annexure 5).
1. Travels claims should be submitted with complete documents **within 2 months (60 days)** from the completion of the event for which travel is undertaken. Any claim received beyond 2 months will be entertained only in exceptional cases subject to submission of reasons for delay, duly forwarded through Head of the Organization. **In no case, the claim will be entertained after 4 months.**
2. Reimbursement would be done at the earliest subject to availability of funds. The candidate will be informed by email details of UTR / Transaction ID, on successful transfer of fund to institute’s account.
3. All communication may be addressed to: ***In-charge, Symposia and Travel Grant Unit, CSIR Human Resource Development Group, Room 302, CSIR Complex, (Opposite Institute of Hotel Management), Library Avenue, Pusa, New Delhi – 110012, India Email:*** ***tgsm[at]csirhrdg[dot]res[dot]in*** ***Phone: 011-25841037***

**Annexure 1**

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| **Form-CSIR/TG/19/SUM** |

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| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH****HUMAN RESOURCE DEVELOPMENT GROUP****CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT****LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA** **Travel Grant Scheme for young Indian researchers (Ph.D. students, Research Associates, Resident Doctors, etc.), Emeritus Scientists/other non-regular researchers for participation in International scientific events abroad..................**  |

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| SUMMARY SHEET |

1. Full Name Dr/Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In CAPITAL letters) First Name Middle Name Last Name

2. Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_ (DD/MM/YYYY Format)

3. Designation and Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name of Scientific Event (Conference/Symposium/Workshop/Training/etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Venue (City/ Country)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Dates (DD/MM/YY): From \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/20\_\_\_\_\_

7. Number of Publications in indexed Journal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ numbers

8. Attachments **(Mandatory)** **(All pages should be numbered and filled)**

|  |  |  |
| --- | --- | --- |
| **S.No** | **Details of Annexure** | **Page No)** |
| a. | Application Form | From \_\_ to \_\_\_ |
| b. | Copy of Brochure / Announcement of Scientific Event | From \_\_ to \_\_ |
| c. | Letter of acceptance from the organizers for Oral/Poster Presentation or invite to chair a Scientific session /as a keynote speaker | From \_\_ to \_\_\_ |
| d. | Abstract of the paper for presentation | From \_\_ to \_\_\_ |
| e | NOC/ Permission from Institute (Place of work) for duration of stay abroad  | From \_\_ to \_\_\_ |
| f | Reprint of two best papers during last 5 years | From \_\_ to \_\_\_ |
| g | Air India Memo / Estimate | From \_\_ to \_\_\_ |
| h | Sanction letters of financial support from other sources, if any. | From \_\_ to \_\_\_ |
| i | Any other information |  |
| j | Brief CV |  |

Signature of the Candidate:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE FILLED BY CSIR COMMITTEE EXPERT**

9. Estimated cost of Air Travel in Indian currency: Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Amount Requested from CSIR: for Air Fare only Rs. \_\_\_\_\_\_\_\_\_\_\_

11. Recommendations of expert with reasons: **Regretted/Full Airfare/Half Airfare**

**Signature of Expert:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annexure 2**

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| **Form-CSIR/TG/19/MAIN** |

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| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH****HUMAN RESOURCE DEVELOPMENT GROUP****CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT****LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA** **Travel Grant Scheme for young Indian researchers (Ph.D. students, Research Associates, Resident Doctors, etc.), Emeritus Scientists / other non-regular researchers for participation in International Scientific events abroad..d**  |

MMARY SHEET

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| **MAIN APPLICATION** |

1. Full Name Dr/Mr./Ms \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In CAPITAL letters) First Name Middle Name Last Name

2. Date of Birth: Date\_\_ Month \_\_ Year \_\_\_\_\_

3. Gender: Male: Female

4. Nationality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Designation/ Current Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Applicants address for Communication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact No with STD code \_\_\_\_ \_\_\_\_\_\_\_\_ Mob \_\_\_\_\_\_\_\_\_\_\_ e-mail ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Place of Work: Dept:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institute\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact No with STD code \_\_\_\_ \_\_\_\_\_\_\_\_ Mob \_\_\_\_\_\_\_\_\_\_\_ E-mail ID \_\_\_\_\_\_\_\_

8. Educational qualifications:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Degree  | University / Institute | Year of Passing/ Expected Completion Date | %age of Marks | Division |
| 1. M Sc / MBBS / BE/ B Pharma /\_\_(Pl tick mark √) |  |  |  |  |
| 2. PhD / MD / ME/ M Pharma/\_\_\_\_\_\_\_(Pl tick mark √) |  |  |  |  |
| 3. Others |  |  |  |  |

9. Indicate your Basic Pay/Salary per month Rs.\_\_\_\_\_\_\_\_\_\_\_\_\_

10 Name of Scientific Conference /Symposium/ Workshop \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Venue (City/ Country) : \_\_\_\_\_\_\_/ \_\_\_\_\_\_\_\_\_\_

12. Dates (DD/MM/YY): From \_\_\_/\_\_\_/20\_\_\_ to \_\_\_/\_\_\_/20\_\_\_

13. Major discipline in which it falls (Pl tick mark √)

 Chemical Sciences Life Sciences Engineering Mathematical Sciences

 Physical Sciences Earth Environment, Ocean and Atmospheric Sciences

 Medical Sciences Multi-disciplinary IT/ITES/Information Sciences

14. Whether presenting a research paper: ORAL POSTER

**(Attach copy of the abstract and letter of acceptance from the organizers)**

 15. Purpose of visit & its possible impact in the Indian context: (Attach separate sheet) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. Financial support already assured/approached from other sources:

 - Organizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 - Parent Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 - Any other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Attach copies of letters if already sanctioned)*

17. Estimated cost of **Air Fare**: Rs.\_\_\_\_\_\_ *(Attach estimate from Air India / Govt approved agent)*

18. Amount of assistance requested from CSIR for Air Fare. Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note: In case the grant is sanctioned, The journey should be strictly performed by the shortest route in excursion economy class by Air India only. Tickets must be purchased directly from the booking counters/Website of Air India Airlines or by utilizing the services of Authorized Travel Agents viz. M/s Balmer Lawrie & Company, M/s Ashok Travels & Tours and IRCTC as warranted under Govt. of India orders in this subject**.

19. State the name of the Authority (Director, registrar, Dean or any other designated authority) of society/Institution/organization to whom the grant can be released. **(Please note that the grant cannot be released to an individual’s account): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

20. Research papers published in indexed journals by the applicant in the last 5 years*. (****Attach Reprints of the two best papers. Do not include abstracts, conference proceedings etc.)***

|  |  |  |  |
| --- | --- | --- | --- |
| S. No | Names of all authors | Title of the paper | Name of the Journal and Volume, Year and Page Number |
| 1 |  |  |  |
| : |  |  |  |

21. Details of foreign travel assistance received, if any, from CSIR in the last 3 years:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organization | Year (Date) | Place Visited | Sanction No. | Amount Received (in Rs.) |
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22. Any other information:

23. **I further declare that the information furnished above is correct and that I have not availed support from CSIR in the last 3 years under this Scheme.**

**Date: Signature of the Applicant**

**Place:**

**To be filled by the Supervisor**

**(Application should not be forwarded beyond the enrolment / tenure period of the candidate)**

Recommendation of the Head of the department giving justification and relevance for seeking assistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is also certified that the information provided by the applicant is correct.

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

**Signature of the Supervisor Signature of the Director/ Registrar/ Dean/ Principal / Head of the Institution**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: Date:**

 **Seal:**

**Annexure 3**

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| **Form-CSIR/TG/19/GA** |

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| **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: TG/\_\_\_\_\_\_/\_\_\_--HRD**

1. Name of the candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Complete Address of the candidate: \_\_\_\_\_\_\_\_ (with City\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_Pin \_\_\_\_\_\_\_\_\_\_) Contact (with STD code) \_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ Mob \_\_\_\_\_\_\_\_\_\_\_\_\_\_E-mail ID \_\_\_\_\_\_\_

3. Name of Conference/Symposium etc: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Venue of Conference/Symposium: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Period of the Symposium/Seminar/Conference/Workshop etc:

|  |  |
| --- | --- |
| From | To |
| Date | Month | Year | Date | Month | Year |
|  |  | 20\_\_ |  |  | 20\_\_ |

6. Brief Report / Highlight of the Scientific Event (not Exceeding 1000 words)

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

7. Grant Sanctioned: **Full Fare / Half Fare** (Tick as per sanction letter)

8. Details of financial support **(in Indian Rupees)**:

|  |  |  |
| --- | --- | --- |
| Name of the Organization | Air Fare Sanctioned(in Indian Rupees): | Air Fare Expenditure(in Indian Rupees): |
| CSIR |  |  |
| DST |  |  |
| ICMR |  |  |
| Host Org. |  |  |
| Parent Org. |  |  |
| Others if any |  |  |

**NOTE : If** air fare is also claimed from agency/ organization other than CSIR, pl attach their sanction letter and certificate from said agency confirming submission of original boarding pass to them, any.

9. Mode of Travel:

(i) Whether traveled by Air India: (Pl tick mark √) **Yes/ No**

(ii) If no in 9(i) above, the name of the Airline by which traveled:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(iii) State also the reason why this deviation was necessary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |
| --- | --- | --- |
| **S.No.** | **Authority** | **Mark √** |
|  | Director |  |
|  | Registrar |  |
|  | Dean |  |
|  | Finance Officer |  |
|  | Medical Superintendent  |  |
|  | Principal |  |
|  | Any Other Authority designated by your Organization/Institute(Kindly specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |

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

Certified that the amount claimed in this bill was utilized for the purpose for which it has been sanctioned, I attended the above conference / Symposium / workshop etc and all the particulars furnished above are correct.

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Signature of the applicant** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature of the Director/ Registrar/ Dean/ Principal / Head of the Institution with Seal and date** |

Sanction No: TG/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_--HRD

**TO BE FILLED BY CSIR-EMR**

Budget Head: P-81(106)

Passed for 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 / Dy FA**

Rs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ paid vide Cheque No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated \_\_\_\_\_\_\_\_\_ through NEFT / RTGS

Annexure 4

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| **Form-CSIR/TG/19/TR** |

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| **Image result for csir high resolution logo** | **COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH****HUMAN RESOURCE DEVELOPMENT GROUP****CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT****LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA** **Travel Grant Scheme for young Indian researchers (Ph.D. students, Research Associates, Resident Doctors, etc.), Emeritus Scientists / other non-regular researchers for participation in International Scientific events abroad. ..d**  |

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| **TOUR REPORT PROFORMA (To be filled by the applicant and submitted in duplicate)** |

1 Name of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Place of work: Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Institute \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pin \_\_\_\_\_\_\_\_\_\_\_ Contact No. with STD code \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mob No. \_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Name of Scientific Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Place of Scientific Event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Period of Scientific Event From:\_\_\_ /\_\_\_/ \_\_\_\_ To \_\_\_ / \_\_\_\_/ \_\_\_\_\_\_\_\_

7. Duration of Stay: From:\_\_\_ /\_\_\_/ \_\_\_\_ To \_\_\_ / \_\_\_\_/ \_\_\_\_\_\_\_\_

 (Date of leaving the country and return From:\_\_\_\_\_ /\_\_\_/ \_\_\_\_\_\_ To \_\_\_ / \_\_\_\_/ \_\_\_\_\_\_\_\_)

8. Indicate specific ideas or knowledge acquired or frontiers in knowledge gained during your visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Highlights of event/findings reported and recommendations (Attach separate sheet)

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

10. Names of other scientists from India who participated with their address:

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

11. Whether any linkage has been built between the scientist and foreign scientists and, if so their names and institutions: (Attach separate sheet if required):

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

12. Any other observations: (Attach separate sheet if required):

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

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

**Signature of the applicant with date**

Observations of the Supervisor / Head of the department on usefulness of visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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It is also certified that the information given by the applicant is correct.

**Signature of the Supervisor/ Head of the Department**

**along with Seal and Date**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal:

Annexure 5

|  |
| --- |
| **Form-CSIR/TG/19/NEFT** |

*NATIONAL ELECTRONIC FUND TRANSFER (NEFT) FORMAT*

|  |  |  |
| --- | --- | --- |
| 1 | **Account Holders Name/Name of the Beneficiary** |  |
| 2 | **Bank Account Number** |  |
| 3 | **Name of the Bank** |   |
| 4 | **Branch Address** |  |
| 5 | **Branch Code** |  |
| 6 | **Account type/Nature of Account****(Pl tick √ mark)** | Saving | Current | Overdraft |
| 7 | **IFSC Code of the Bank** |  |
| 8 | **MICR Number** |  |
| 9 | **Mobile No. of the Candidate** |  |
| 10 | **Email id of the Candidate** |  |

|  |  |
| --- | --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of the Head of the Institute/Director/Registrar/Dean/ principal /Administrative Officer/Finance Officer** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Seal  | **Certified by (Bank)** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature of the Bank Official** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Seal |

**TO BE FILLED BY CSIR**

**Narration: CSIR TG**

**(To be used by Bank while transferring the Payment/Grant)**

**Deputy/Under Secretary/DDO**