

MBR No. \_\_\_\_\_  
Date \_\_\_\_\_

**TO BE SUBMITTED IN TRIPLICATE**

To,  
Head, HRDG  
CSIR Complex

WHILE CLAIMING THE GRANT MAY KINDLY BE ENSURED THAT STATEMENT OF ACCOUNT AND UTILIZATION CERTIFICATE FOR THE PREVIOUS GRANT HAVE BEEN SUBMITTED TO CSIR.

**GRANT-IN-AID-BILL**

CSIR Sanction No. \_\_\_\_\_  
Name of the Fellows \_\_\_\_\_  
(In case of single person)

Dated \_\_\_\_\_

RA  
SRF     **Statement enclosed**  
JRF     **in triplicate**

Number of Research Fellow \_\_\_\_\_  
(In case of consolidated bill)  
**Please send a consolidated bill of all RAs / Fellows as far as possible**

PARTICULARS	AMOUNT OF GRANT			TOTAL	REMARKS
	STIPEND	CONTINGENCY	HRA/MA		
1. Amount Sanctioned for the Year					
2. Grant claimed for the period from _____ to _____					
DEDUCT 3. Unspent Balance brought forward					
4. Net Amount Claimed					

1. Certified that the amount claimed in the bill will be utilized for the purpose it is sanctioned and in accordance with the terms and Conditions for CSIR Fellowship and Grants.
2. Certified that the attendance records have been maintained & checked.
3. Certified that the work of the Research Fellows/Associate for the past six months has been satisfactory.
4. Certified that the persons for whom HRA is claimed have not been provided any accommodation and HRA claimed is as per rules of this Institute.

Signature  
of the Supervisor

Counter-Signature & Designation  
of Head of Institute  
(Office Stamp)

**(To be filled in by CSIR) Budget Head P-81-101**

Gr No. \_\_\_\_\_-EMR-I

Dated: \_\_\_\_\_

Passed for Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_)

Cheque to be issued in favour of

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

**Under Secretary/Section Officer  
CSIR Complex**

Pay Rs. \_\_\_\_\_ only (Rupees \_\_\_\_\_)

**Sr. Finance & Account Officer  
CSIR Complex**

Paid Vide  
Cheque No. \_\_\_\_\_

Dated \_\_\_\_\_ Rs. \_\_\_\_\_

**Sr. F&AO  
(EMR)**