

Human Resource Development Group (HRDG)
Council of Scientific & Industrial Research
Grant-in-aid Claim Bill

Part-B: Individual Release of Grants

Name of the host institute:

| Slno | Name of the beneficiary (Research fellow title and the position held by him/her) | HRDG/CSIR sanction letter no file no | Monthly amount of stipend/bonus, etc. | Sanctioned CSIR- HRDG/CSIR Laboratory OM No with date | Bank account number of the beneficiary seeded with the Aadhar Number | Name of the bank with IFSC Code where the beneficiary has his/her account | Aadhar Number of the Beneficiary | Period of Payment | | Grant claimed | | Any other amount payable | Gross amount | Total number of days the beneficiary remains absent (without pay) during the month | Amount deducted on account of without pay | Any other deductions, please specify (License fee/hostel fee etc.) | Net amount payable |
|------|--|--------------------------------------|---------------------------------------|---|--|---|----------------------------------|-------------------|----|---------------|----------|--------------------------|--------------|--|---|--|--------------------|
| | | | | | | | | From | To | Fellowship | Horarium | | | | | | |
| | | | | | | | | | | Fellowship | HRA | | | | | | |
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Certified that the Research Fellow has regularly attended the office to pursue his/her research work and availed days leave during the month (Please see leave rule available on HRDG-CSIR website www.csirhrdg.res.in)

Name and Signature of Registrar/Principal/Administrative Officer/Finance & Accounts Officer
With Official Seal

Important: Separate claim bills for Fellowships & Associateships/EMR Projects/SSB Awards/YSA Awards/Travel Grants/Emeritus Scientist/Research Fellows in EMR funded projects, etc.