

FORM – J

(To be photocopied, filled and submitted in triplicate)

CLAIM BILL FORM

To,
HEAD (HRDG)
Council of Scientific & Industrial Research
CSIR COMPLEX, LIBRARY AVENUE (OPP. INST OF HOTEL MANAGEMENT), PUSA, NEW DELHI – 110 012.

Bill No.

CSIR Sanction No..... Dated

Name of Scheme in full

PARTICULARS	AMOUNT OF GRANT						REMARKS
	Staff	Cont.	Eqpt.	HRA*	Overhead Exp.	TOTAL	
1. Amount Sanctioned for Year							
2.Amount Claimed for period from _____ to _____							
Deduct:							
3. Unspent balance from the grant of last year							
4. Net amount claimed							

1) Certified that the amount claimed in this bill will be utilised for the purpose for which it has been sanctioned and the audited statement of expenditure will be furnished as per requirement. We agree and abide by the Terms and Conditions that the excess expenditure, if any, incurred will be met from institution's funds and not from CSIR funds.

2) Certified that the persons for whom HRA has been claimed have not been provided any accommodation and HRA claim is as per rules of this Institute. (Details of the staff for which grant under "Staff" is claimed should invariably be given on the reverse). The rate of H.R.A. may be indicated against the name of Fellow for whom H.R.A. has been claimed.

Counter-Signature & Designation of
 Head of the Institution
 (Office Stamp)

Signature of the
 Principal Investigator

(This space is to be filled in by the CSIR)

Gr No. _____ dated _____ Budget Head _____

Pay Rupees _____

Demand Draft/Cheque to be

Issued in favour of

Section Officer
CSIR COMPLEX, LIBRARY AVENUE, PUSA
NEW DELHI – 110 012

For use of Audit: (Budget Head _____)

MBR-EG _____ dated _____

Pay Rs. _____

Rupees _____ only.

Accounts Officer
CSIR COMPLEX, LIBRARY AVENUE, PUSA
NEW DELHI – 110 012

Details of Staff:

S.NO.	NAME	POSITION HELD AND RATE OF MONTHLY STIPEND	DATE OF JOINING	PERIOD FOR WHICH GRANT IS CLAIMED

Signature of Principal Investigator.