

TO BE SUBMITTED IN TRIPLICATE

MBR No. _____
Date _____

To,

Director General/Director (RESEACH COUNCIL)
CCRAS/CCRS/CCRUM/CCRH/CCRYN
61-65, Institutional Area, Opp. ‘D’ Block
Janakpuri, New Delhi-110058

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

GRANT-IN-AID-BILL

“RESEACH COUNCIL” Sanction No. _____
Name of the Fellows
(In case of single person)

Dated _____

SRF **Statement enclosed
in triplicate**

Number of Research Fellows
(In case of consolidated bill)
Please send a consolidated bill of all Fellows as far as possible

PARTICULARS	AMOUNT OF GRANT			TOTAL	REMARKS
	STIPEND	CONTINGENCY	HRA		
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 “RESEACH COUNCIL” Fellowship and Grants
2. Certified that the attendance records have been maintained & checked.
3. Certified that the work of the Research Fellows 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 Central/State Government norms.
5. THE BANK DETAILS IN RESPECT OF HOST INSTITUTE AS STATED BELOW MAY ALSO BE FILLED IN TO AVOID DELAY IN PAYMENT

Name of the beneficiary Institution	
Bank Account No.	
Nature of Bank Account	
MICR No	
Name of the Bank & Address	
Bank Branch Code	
IFS Code	

Signature of the Supervisor/Guide

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

(To be filled in by “RESEACH COUNCIL”) Budget Head

Gr No. _____ Dated: _____
Passed for Rs. _____ (Rupees _____)

Payment may be released in favour of _____

Accountant
“RESEACH COUNCIL”

Pay Rs. _____ only (Rupees _____)

Account Officer
“RESEACH COUNCIL”

The Payment through RTGS/NEFT/ECS/ may please be released in favour of _____
A/C No. No. _____ with IFS Code _____

Deputy Director (Admin.)