

[Please see Page No.5, Point No.10, Sub Point No.10.2]

**ANNEXURE-IV****TO BE SUBMITTED IN TRIPLICATE**

WHILE CLAIMING THE GRANT MAY KINDLY BE ENSURED THAT STATEMENT OF ACCOUNTAND UTILIZATION CERTIFICATE FOR THE PREVIOUS GRANT HAVE BEEN SUBMITTED TO "CCRAS".

Reference No.: \_\_\_\_\_

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

To,

Director General  
CCRAS  
61-65, Institutional Area, Opp. 'D' Block  
Janakpuri, New Delhi-110058

**GRANT-IN-AID-BILL FOR CCRAS PDF GRANT**

"CCRAS" Sanction No. \_\_\_\_\_

Dated \_\_\_\_\_

Name of the Post Doctoral Fellow: \_\_\_\_\_

**Statement enclosed  
in triplicate**

Please Tick (✓) Claim Bill No.:

1	2	3	4	5	6
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PARTICULARS	AMOUNT OF GRANT			TOTAL	REMARKS
	FELLOWSHIP	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 "CCRAS PDF Scheme".
2. Certified that the attendance records have been maintained & checked.
3. Certified that the work of the Post Doctoral Fellow 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 Host Institution	
Bank Account No.	
Nature of Bank Account	
MICR No.	
Name of the Bank & Address	
Bank Branch Code	
IFS Code	

Signature of the Mentor

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

(To be filled in by "CCRAS") Budget Head .....

Gr No. \_\_\_\_\_

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

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

Payment may be released in favour of \_\_\_\_\_

**Accountant**  
**"CCRAS"**Pay Rs. \_\_\_\_\_ only  
(Rupees \_\_\_\_\_)**Account Officer**  
**"CCRAS"**

The Payment through RTGS/NEFT/ECS/ may please be released in favour of \_\_\_\_\_

A/C No. No. \_\_\_\_\_ with IFS Code \_\_\_\_\_

**Deputy Director (Admin.)**