

ANNEXURE-IV

TO BE SUBMITTED IN TRIPLICATE

Reference No.: _____

Date : _____

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

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.)