

**FORMAT FOR PAYMENT OF REMUNERATION TO INSTITUTE STAFF FOR
EXTRA WORK IN SPONSORED PROJECTS OTHER THAN CSIR, MINISTRY OF
EDUCATION, IRDF & INDO-GERMAN PROJECT.**

CLAIM FOR THE MONTH OF -----

- | | | |
|----|---|---|
| 1. | Name and Designation | : |
| 2. | Department / Centre | : |
| 3. | Employee Identification Number | : |
| 4. | Scale of pay | : |
| 5. | No. of Extra man-days (equivalent)
worked during the month under reference | : |
| 6. | Rate per day and amount claimed | : |
| 7. | Sponsored project to which amount is
debitable (indicate the project No.) | : |

SIGNATURE OF THE CLAIMANT

Certified that the above information is correct and payment as per norms is recommended.

SIGNATURE OF
CO-ORDINATOR / INVESTIGATOR

HEAD OF THE LABORATORY /
WHICH THE CLAIMANT BELONGS

DEAN, IC & SR

(For use in Accounts Section)