



INDIAN NATIONAL SCIENCE ACADEMY
Bahadur Shah Zafar Marg, New Delhi 110002.

Claim Bill

Claim for the period -----

(To be submitted in **DUPLICATE**)

1. Name of the programme: **INSA HONORARY SCIENTIST**
2. INSA Sanction / Renewal No. -----dated -----
3. a) Name of the Honorary Scientist and address
b) Date of Joining:
4. Name in whose favor grant is to be released
5. Research Project:
a) Title of Research Project
b) Activity Report / Progress Report of Previous Year

Submitted / Not Submitted / N.A.
(Please tick mark)

6. **Details of Grant:**

To be claimed from the Academy:

Particulars	Contingency	Total
a) Amount sanctioned (for the period)		
b) Unspent Balance, if any of the previous year (period)		
c) Net Amount Claimed		

7. Bill: 1st / 2nd installment / Both
8. Certified that the amount claimed in this bill will be utilized for the purpose for which it has been Sanctioned and audited statement of expenditure will be furnished as soon as possible.

**Countersignature of the
Head of Institution with
Designation and Seal.**

**Signature
(Honorary Scientist)**

FOR OFFICE USE



INDIAN NATIONAL SCIENCE ACADEMY
Bahadur Shah Zafar Marg, New Delhi 110002.

STATEMENT OF EXPENDITURE FOR THE YEAR _____
(To be submitted in Duplicate)

1. Name of the Programme :
2. Name of the Honorary Scientist and the address of the host Institution.
3. Implementation date
4. Title of Research Project
5. Grants:

a) Self

Particulars	Honorarium	Contingency	Total
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Balance B/F

Grant sanctioned for the
current year

Grant released during the
previous year

Grant utilized (upto____)

Unspent Balance (as on_)

Of the Institute
Office Stamp

Counter signature
Signature
(Honorary Scientist)

FORM FOR BANK ACCOUNT DETAILS

For fund transfer through **Electronic Clearing Service (Credit Clearing) / Real Time Gross Settlement (RTGS) / [National Electronic Funds Transfer \(NEFT\)](#) / PFMS**

INSA PROGRAMME / SCHEME / PROJECT NAME	
NAME OF THE SCIENTIST	
NAME OF THE INSTITUTE	
CONTACT ADDRESS	
TELEPHONE NUMBER	
EMAIL	

• BANK ACCOUNT DETAILS OF INSTITUTE *

NAME OF THE ACCOUNT HOLDER/ ACCOUNT BENEFICIARY	
BANK ACCOUNT NUMBER	
IFSC CODE OF THE BRANCH	
BANK NAME	
BRANCH NAME WITH COMPLETE ADDRESS, TELEPHONE NUMBER AND EMAIL	

I hereby declare that the particulars given above are correct and complete.

Signature

Date: