



भारतीय आयुर्विज्ञान अनुसंधान परिषद

INDIAN COUNCIL OF MEDICAL RESEARCH

स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)

DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)

वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली-110029

V.RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX-4911, NEW DELHI-110029

□ :

□□□□□□ :

□□□□□□. :

□□□□ □□□,

□□□□ : □□ □□□□□□□□□□□□□□ □□ □□□□□
□□□□ □□ □□□□□□□

□□□□□ □□□□□/ □□□□□□□,

□□□□□ □□ □□□□□□□□ □□□□□ □□□□□ □□ □□□ □□□□□□□□ □□□. □□□□□□□□
□□□□□□□□ □□ □□□ □□□□□□□□□□□□□□□□□ □□ □□□□□□□ □□ □□□□ □□□□ □□ □□□□ □□□□ □□ □□□
□□□□□□ □□ □□□□□□ / □□□□□□□□ □□ □□□ □□□
(..... □□.) □□ □□□□□□ □□□□□ □□□□ □□□
..... □□

2) □□. □□ □□□□ □□ □□□□ □□□□□□ □□□□ □□□□ □□□ □□□□ □□□□□□
□□ □□□□□□ □□□□□ □□□□□□ □□ □□□□□□□□ □□□□ □□ □□□□□□□□□□ □□□□□□□□
□□ □□□□□ □□□□ □□□□

3) □□□□□□ □□ □□ □□□□□ □□□□□□ □□□□□□ □□ □□□□ □□□□ □□ □□□□□□□ □□□□□ □□□□
□□ □□□□□□ □□ □□□□ □□□□□□ □□ □□□□□□□□ □□□□ □□ □□□ □□□□ □□ □□□□ □□□□□□□□ /
□□□□□□□□ □□□□□ □□ □□□□□□□□ □□ □□□□□□ □□□ □□□□ □□□□

□□□□□□□□ :
□□□□□□ □□□□ :

□□□□□,

□□□□□□□□ □□□□□□□□
□□□□ □□□□□□□□□□

□□□□□□□□□□ :

1. □□□□ □□□□□□□, □□.□.□.□. □□ □□□□□ □□□□□□ □□□□ □□□□□□. □□
□□□□□□□□ □□□ □□ □□□□
2. □□□□□□□□ □□□□□□□
3. □□ □□ □□ □□ □□□□□□□

□□□□ □□□□□□□□□□

पी.ए.डी.एफ / PABX: 26588980, 26588707, 26589336, 26589745
26589873, 26589414
फैक्स / FAX : 011-26588862, 011-26859791, 011-26589258

तार/GRAM: विज्ञानी/SCIENTIFIC
web-site : www.icmr.nic.in
E-mail : icmrhqds@sansad.nic.in



भारतीय आयुर्विज्ञान अनुसंधान परिषद
INDIAN COUNCIL OF MEDICAL RESEARCH
स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)
DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)
वी. रामलिंगस्वामी भवन, अन्सारी नगर, पोस्ट बॉक्स 4911, नई दिल्ली-110029
V.RAMALINGASWAMI BHAWAN, ANSARI NAGAR, POST BOX-4911, NEW DELHI-110029

No.

Date:

To,

Subject: Payment of fellowship and contingent expenditure to

_____.

Dear Sir,

The Director-General, ICMR sanction the payment of _____ as the _____ installment of grant of Rs. _____ (_____ Rs.) for covering the payment of fellowship stipend and the fund for contingent expenditure to the Sr. Research Fellow as mentioned above for a period of these months:

From _____

2. A bank draft for the amount of _____ will be sent to you in due course. The grant has been sanctioned in the conditions laid down in our letter of even number.

3. It is requested that an audited/simple statement of accounts together with utilization certificate duly signed by the Accounts Officer of the Institute for the grant received and utilized may kindly be sent to this office at an early date. Further grant will be released on receipt of the same.

- i) Stipend
- ii) contingency

Yours faithfully,

Administrative Officer

for Director-General

Copy to: Accounts Section,ICMR together with a formal bill for_____for payment at an early date.

2. Head of the
Institute_____.

3. IRIS cell

for Director-General