



# 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

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# 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.

Dated:

To

The Director

Subject: Sanction of budget allotment under New Scheme entitled " \_\_\_\_\_  
" \_\_\_\_\_ " .

Dear Sir,

The Director General of the Council sanctions the above mentioned research scheme initially for a period of \_\_\_\_year from \_\_\_\_\_ subject to extension up to the total duration specified in para 3 (3) below:

The Director General of the Council also sanctions the budget allotment of Rs. \_\_\_\_\_/- as detailed in the attached statement for one period ending \_\_\_\_\_.

The grant in aid will be given subject to the following conditions:

1. The payment of the grant will be made in lump sum to the Head of the Institute. The first Installment of the grant will be paid generally as soon as report regarding the commencement of the project and appointment of the staff is received by the Council. The demand for payment of the subsequent instalment of the grant should be placed with the Council in prescribed format attached.
2. The staff appointed on the project should be paid as indicated in the budget statement attached.
3. The approved duration of the research scheme is one year. The annual extension will be given after review of the work done on the research scheme during the previous years.

The receipt of the letter may please be acknowledged.

Yours faithfully,

Administrative Officer  
For Director General

1. Copy together with a copy of the budget statement forwarded for information to
2. Copy together with two copies of the budget statement forwarded to the Account Section – V information and necessary action.
3. Copy together with two copies of the budget forwarded to budget section (Fin.) ICMR for Completion of the Council's Budget. The RFC No. \_\_\_\_\_ dated \_\_\_\_\_.
4. IRIS Cell.

Administrative Officer  
For Director General