**CLAIM SHEET**

(To be filled in by the Fellow)

 1.         Name, Designation and Address                     :

 2.         ICMR Sanction letter No. and date                  :

3.         Broad area of research                                      :

4.         Chosen area of training                                     :

5.         Name, designation & address of :

 6.         Duration of the training-----to------months   :

 7.         Details of expenditure on the training

1. TRAVEL :

 i)      Place of work in India                                       :

ii)      Port of embarkation with date of departure       :

 iii)  Port of disembarkation with date of arrival      :

 iv)  Venue of training if in a city different from above  :

v)     Air fare for onward travel to venue by shortest route :

vi)  Air fare for return travel                                             :

vii) Total expenditure on Air travel (v + vi)                      :

B.        Fellowship :

C.        Contingency                                                                            :

            iii) Taxi charges from place of duty to airport and back         :

D.        Total (A to C)                                                                         :

**Certificate :**

 Certified that I have participated in the above training/research programme and the particulars furnished above are correct. I also certify that I have not received any financial assistance from any other source.

  Date:                                                                                                   Signature

Name & Address of  Fellow

**Please attach following documents:**

1. Original receipts for items claimed against contingency grant (Item. C).
2. Original receipt of Hotel/Guest house accommodation charges to be submitted by Senior Fellows.

**Details to be furnished by Fellow**

 1.         Total grant received                                        :

 2.         Sanction Letter no. & date                             :

 3.         Total expenditure incurred on training of the Fellow   :

 4.         Amount to be released to the concerned Fellow :

5.         Balance (if available) returned/being returned to DHR:

Signature with date

Name& Address of Fellow

Signature of the Head of the Department/Institution & Official Seal of Forwarding Authority with Date