



Annexure 4  
**Form-CSIR/SYM/19/SE**

**COUNCIL OF SCIENTIFIC AND INDUSTRIAL RESEARCH  
HUMAN RESOURCE DEVELOPMENT GROUP  
CSIR COMPLEX, OPP INSTITUTE OF HOTEL MANAGEMENT  
LIBRARY AVENUE, PUSA, NEW DELHI- 110012, INDIA  
Email: tgsm[at]csirhrdg[dot]res[dot]in  
Phone:0112584107**

**Symposia Grant Scheme for Organising Scientific Events (Symposia/  
Seminars / Conferences/ workshops, etc. within India  
AUDITED STATEMENT OF EXPENDITURE**

Date: 08-07-2020

Reference: CSIR Sanction No: SYM/10596/19-HRD

1. Name of the Society / Organisation under whose auspices the Event was organized:  
**MNR College of Pharmacy, MNR Academy of Higher Education & Research Campus,  
Sangareddy- 502 294, Telangana.**

2 Title/Name of the Event: **Innovations & Opportunities in the Profession of Pharmacy**

3. Period:

From			To		
Date	Month	Year	Date	Month	Year
28	February	2020	29	February	2020

4. Grant Sanctioned: **Rs. 40,000.00 (Rupees Forty Thousand Only)**

5. Certified that out of Total Expenditure of **Rs. 5,15,066.00 (Rupees five lakhs fifteen thousand sixty-six only)** CSIR Grant of **Rs.40,000.00 (Rupees Forty Thousand Only)** has been utilized as per the details given below:

S. No.	Budget Head	Amount (Rs)
i	Travel expenses for c. Senior scientists: d. Young Scientists:	10,000.00
ii	Registration Fee Waiver c. Senior scientists: d. Young Scientists:	
iii	Promotion (web site, brochures, others)	
iv	Secretarial assistance	
v	Local Hospitality	
vi	Venue Charges	30,000.00
TOTAL		40,000.00

Certified by  
Organizer:

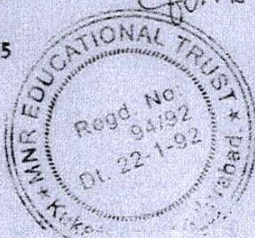
Finance Officer/ Chartered Accountant

Head of Organisation

Signature  
Name: **Dr. V. Alagarsamy**  
Designation: **Professor & Principal**  
Mob No.8500056663  
Email ID: **drvalagarsamy@gmail.com**  
Seal / Stamp

**Dr. V. ALAGARSAMY**  
**Professor & Principal**  
**MNR COLLEGE OF PHARMACY**  
**SANGAREDDY-502 294 (TS)**  
Phone: 08455-230690 Fax No. 230555

Signature  
Name:  
Mob No.  
Email ID:  
Seal / Stamp



Signature  
Name: **Dr. V. Alagarsamy**  
Designation: **Professor & Principal**  
Mob No.8500056663  
Email ID: **p.mnrcop@mnrindia.org**  
Seal / Stamp

**Dr. V. ALAGARSAMY**  
**Professor & Principal**  
**MNR COLLEGE OF PHARMACY**  
**SANGAREDDY-502 294 (TS)**  
Phone: 08455-230690 Fax No. 230555

**PRINCIPAL**  
**MNR COLLEGE OF PHARMACY**

**Annexure 5**  
**Form-CSIR/SYM/19/NEFT**

**NATIONAL ELECTRONIC FUND TRANSFER (NEFT) FORMAT**

1	Account Holders Name/Name of the Beneficiary	The Principal, MNR College of Pharmacy, Sangareddy, Telangana.		
2	Bank Account Number	50200006922222		
3	Name of the Bank	HDFC Bank, Sangareddy		
4	Branch Address	HDFC Bank, Amanjira Nagarkal Vakunt, Sy No 209/1, Sangareddy, Medak, Telangana 502001		
5	Branch Code	813		
6	Account type/Nature of Account (Pl tick <input checked="" type="checkbox"/> mark)	Saving	Current <input checked="" type="checkbox"/>	Overdraft
7	IFSC Code of the Bank	HDFC0000813		
8	MICR Number	500240021		
9	Mobile No. of the Candidate	8500056663		
10	Email id of the Candidate	p.mnrcop@mnrcindia.org; drvalagarsamy@gmail.com		

Certified by HDFC Bank Sangareddy Branch

Signature of the Principal of the Institute

Signature of the Bank Official

Name: Dr. V. Alagarsamy

Date: 11-07-2020

Seal

**Dr. V. ALAGARSAMY**  
Professor & Principal  
MNR COLLEGE OF PHARMACY  
SANGAREDDY-502 294 (TS)  
Phone: 08455-230690 Fax No. 230555

Name:

Date:

Seal



TO BE FILLED BY CSIR

Narration: CSIR SYM

(To be used by Bank while transferring the Payment/Grant)

Deputy/Under Secretary/DDO

**PRINCIPAL**  
**MNR COLLEGE OF PHARMACY**