



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

**Claim Bill - INSA Distinguished Professors**

**Financial Year** \_\_\_\_\_

(To be submitted in DUPLICATE along with Expenditure Statement)

1. a) Name of the INSA Distinguished Professor and address :

\_\_\_\_\_

b) Date of Joining:

2. INSA Sanction No. \_\_\_\_\_ dated \_\_\_\_\_ for the period \_\_\_\_\_

3. a) Title of Research Project :

b) Annual Report of .....Submitted/ Not Submitted/  
N.A. Previous year: (please tick mark)

4. Bank details of the Institute:

Bank Account No:

IFSC Code:

Address of the Bank:

5. Details of Grant to be claimed from the Academy, for the period .....

| <b>Particulars</b>  | <b>Honorarium</b> | <b>Contingency</b> | <b>Total</b> |
|---|-------------------|--------------------|--------------|
| a) Amount Sanctioned<br>(current year)                    |                   |                    |              |
| b) Amount released during<br>previous year                |                   |                    |              |
| c) Unspent balance, if any of<br>the previous year, as on |                   |                    |              |
| <b>d) Net amount claimed.</b>                             |                   |                    |              |

6. 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.

Counter signature  
of the Head of  
Institution with  
Designation &  
Seal

Signature  
(INSA Distinguished Professor)