(University/Institution Letter Head)

**INVOICE**

**Date: \*\* month 20\*\***

To

German Office

Indo-German Science & Technology Centre at

DLR Project Management Agency

Deutsches Zentrum für Luft- und Raumfahrt e. V. (DLR)

German Aerospace Center

Heinrich-Konen-Straße 1 | 53227 Bonn

**Invoice for expenses towards Paired Early Career Fellowship in Applied Research (PECFAR) for a period of \_\_\_\_\_\_\_\_\_(tenure) starting from \_\_\_\_\_\_(start date).**

\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the German awardee), \_\_\_\_\_\_\_\_(Name of the Parent Institution) will be undertaking a networking & research visit to \_\_\_\_\_\_\_\_\_\_\_\_\_\_( Name of the Host Institution) for a period of \_\_\_\_\_\_\_( Fellowship tenure) from \_\_\_\_\_\_\_\_(Start date of the visit) under the auspices of the Indo-German Science & Technology Centre (IGSTC), New Delhi, India.

The German office of the Indo-German Science & Technology Centre is requested to transfer the amount up to € \*\*\*\*\* to the University/Institution account as per the details given in annex (Visit and financial plan of the awardee) and guidelines. The funds will be transferred in two batches according to the guidelines.

|  |  |
| --- | --- |
| Name of the Institution |  |
| Address of the Institution |  |
| Contact Financial Department |  |
| Bank Name |  |
| Bank Address |  |
| BIC |  |
| IBAN No. |  |
| Reference |  |

The attendance report and visit report with boarding passes of the individual visit to India will be made available to IGSTC by the Institution & the Awardee.

(Signature with stamp)

Name

Address

Annexure

Proposed Visit Plan

|  |  |
| --- | --- |
| Name of the Awardee |  |
| Name of the Parent organisation |  |
| Name of the Host organisation |  |
| Proposed Fellowship period | Start Date: |
| End Date: |

Proposed Place of Visits (please add all the places visited during the stay)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Sl. No. | From | To | Name of Organisation | Name of the contact person | Proposed activities (research stay / networking visits) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Financial Plan

|  |  |
| --- | --- |
| Monthly allowance first month | 2.300 Euro |
| Pro rata for second month (2300 Euro/ 30 Days) | … Euro |
| Travel costs | 1.500 Euro |
| **Total** | **… Euro** |

I hereby declare that in case there is any change in the above proposed visit plan, I shall be under obligation to inform IGSTC for seeking necessary prior approval. The visits shall only be performed once approval is solicited by IGSTC.

Signature of the Awardee:

Date:

Place: