

(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      |
| <b>Total</b>                                   | <b>... Euro</b> |

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: