# अनुसंधान नेशनल रिसर्च फाउंडेशन

(संसद के अधिनियम द्वारा गठित एक सांविधिक निकाय)

## Anusandhan National Research Foundation

(a Statutory body created by an Act of Parliament)

विज्ञान और प्रौद्योगिकी विभाग, भारत सरकार

Department of Science and Technology, Govt. of India

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**F.No.ANRF/PAN-IT/01/2024**                                              **Dated : 29.05.2025**

## CIRCULAR

The undersigned is directed to state that the Anusandhan National Research Foundation (ANRF) is implementing the new TSA hybrid model for fund flow in respect of ANRF Schemes (Scheme Code - 4211) and the ongoing erstwhile SERB schemes (Scheme Code - 1023). It is requested that the requisite information as per the format enclosed may kindly be furnished to respective Program Officers of ANRF at the earliest, so that the onboarding of your institution can be initiated by ANRF.

This may kindly be treated as "immediate".

(Deepak Krishna)
Section Officer

Ends: as above

To

1. All Heads of Universities/Institutions/Colleges
2. All ANRF Officers
3. ANRF website Team for uploading on the website of ANRF and ANRF online web portal.

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**ANRF TSA HYBRID FUND ASSIGNMENT THROUGH PUBLIC FINANCIAL MANAGEMENT SYSTEM (PFMS)**

**DETAILS OF ORGANIZATION**

| | | |
|---|---|---|
| 1. | PFMS Unique Code | |
| 2(0 | Agency Name (Name of the University/ Institute/ College, etc) | |
| 2 (ii) | Agency Type (Statutory Bodies/Autonomous/NGO/Society etc.) | |
| 2 (iii) | Hierarchy of Agency (Central/State/ District/Block/Tahsil/Panchayat/Village) | |
| 2 (iv) | Act/registration No. | |
| 2 (v) | Date of Registration | |
| 2 (vi) | Registering Authority | |
| 2 (vii) | State of Registration | |
| 3. | Complete Contact Address of the Agency | |
| 3 (i) | Block No./Building/Name of Premises | |
| 3 (ii) | Road/Street/Post Office | |
| 3 (iii) | Area/Locality | |
| 3 (iv) | City/ District | |
| 3(v) | State | |
| 3 (vi) | Pin code | |
| **4.** | **Contact Person PFMS** | |
| **4 (i)** | **Designation** | |
| **4 (ii)** | **Phone Number (Land Line)** | |
| **4 (iii)** | **Mobile No.** | |
| **4 (iv)** | **Official E-mail address** | |

I hereby declare that the particulars given above are correct and complete. The above Agency's details are registered/ mapped under PFMS.


Date:                                                                                  Signature  of the Head of Organization
                                                                                                          with seal.