

CLAM/BILL FORM

**UGC/DRF/M.Tech/UGC Non-NET/UGC-JRF/MANF/ICHR/ICPR/CSIR/PDF/ ICSSR/
DST/DAE/CCRUM/UPCST/ICMR/ICAR/RA/RGF/IGMRH/BSR/Inspire Fellowshi/
National Fellowship (History)/UGC-Direct Award/EMERITUS FELLOWSHIP/PDF
(WOMEN/SERB ETC.)**

Name of Fellowship: Funding Agency:

Period of Claim: Fromto

Name:

En.No.: Hall: Class/Course

Name of Bank & Branch A/C No

Date of Registration:

Faculty:..... Department:

Amount of Scholarship/Fellowship P.M. Rs.

HRA (if applicable) Rs.

Total Amount Claimed: Rs.

1. *I declare that I am not getting any Fellowship/Financial assistance from any other source.*
2. *If any information provided by me in this claim form is subsequently found false/incorrect, I would refund the entire amount received by me.*

Progress Report: *Summary of the work done during last one month duly attested by the Supervisor. Supervisors are advised to keep a copy of the report for their record.*

Signature of Recipient

*I recommend the payment of the Fellowship/Scholarship for the period as noted above.
It is also certified that above student is not getting any Fellowship/financial assistance.*

(Provost)

With Seal

(Signature of Supervisor)

PG In-charge with Seal

(Signature of the Dean)

With Seal

(Signature of the Chairman)

With Seal

For Hall dues quarterly

PASSED FOR PAYMENT:

TO.....

FOR Rs.

Dated:

**Assistant Finance Officer/Dy. Finance Officer
(Scholarship)**

Progress Report for the month of

| | |
|------------------------|--|
| Name of the Candidate | |
| Name of the Supervisor | |
| Date of Registration | |
| Department | |
| | |

Signature of the Candidate

Signature of the Supervisor