



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

112

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
112	Ms. Jaya Singh Parihar			Rs.38440/-	

- Name of the Fellow : **Ms. Jaya Singh Parihar**
 - Enrollment No. : **00726390021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **CDMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9868069869 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

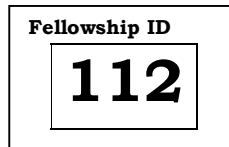
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____
(Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Jaya Singh Parihar**

Enrollment No. : **00726390021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

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Signature of the Research Fellow



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Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

113

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
113	Ms. Usha Rawat			Rs38440/-	

- Name of the Fellow : **Ms. Usha Rawat**
 - Enrollment No. : **19416490021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USIC&T**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9821071976 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

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- ❖ I am not employed anywhere.
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If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

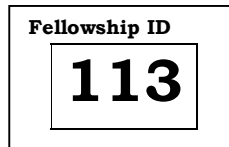
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____
(Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Usha Rawat

Enrollment No. : 19416490021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

114

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
114	Ms. Himadri Singh			Rs.31000/-	

- Name of the Fellow : **Ms. Himadri Singh**
 - Enrollment No. : **19616490021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USIC&T**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8800326883 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

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- ❖ I am not employed anywhere.
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Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

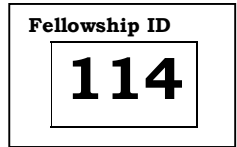
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Himadri Singh

Enrollment No. : 19616490021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

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Signature of the Research Fellow



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Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

115

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
115	Ms. Sakshi Gupta			Rs.38440/-	

- Name of the Fellow : **Ms. Sakshi Gupta**
 - Enrollment No. : **00117390021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USAP**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8586878225 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

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Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

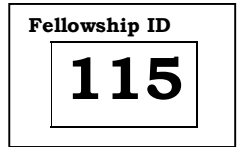
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____
(Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Sakshi Gupta

Enrollment No. : 00117390021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

116

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
116	Ms. Neha Mittal			Rs.38440/-	

- Name of the Fellow : **Ms. Neha Mittal**
 - Enrollment No. : **00226290021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **CEPS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9310792653 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

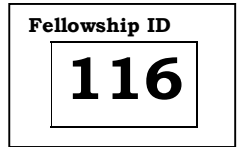
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Neha Mittal

Enrollment No. : 00226290021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

117

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
117	Ms. Nissy Jose			Rs. 38440/-	

- Name of the Fellow : **Ms. Nissy Jose**
- Enrollment No. : **05221690021**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9971920958 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

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Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

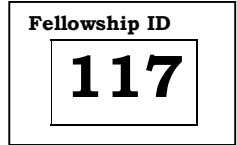
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Nissy Jose

Enrollment No. : 05221690021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

118

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
118	Mr. Sanghpriya Gautam			Rs. 38440/-	

- Name of the Fellow : **Mr. Sanghpriya Gautam**
- Enrollment No. : **05321690021**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7011787445 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

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Dated : _____

Signature of the Research Fellow

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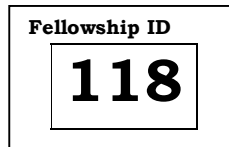
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Sanghriya Gautam**

Enrollment No. : **05321690021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

119

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
119	Ms. Arushi Jain			Rs.38440/-	

- Name of the Fellow : **Ms. Arushi Jain**
- Enrollment No. : **05116090021**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8802180182 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

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- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

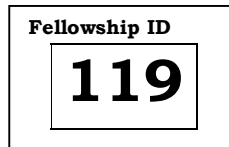
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Arushi Jain**

Enrollment No. : **05116090021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

120

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
120	Ms. Deepanshi Vijn			Rs.31000/-	

- Name of the Fellow : **Ms. Deepanshi Vijn**
 - Enrollment No. : **05216090021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9711366410 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

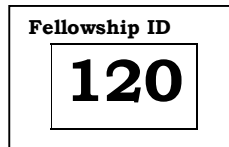
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____
(Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Deepanshi Vijn

Enrollment No. : 05216090021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

121

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
121	Ms. Venus Sharma			Rs. 31000/-	

- Name of the Fellow : **Ms. Venus Sharma**
- Enrollment No. : **06740890021**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 6396231605 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

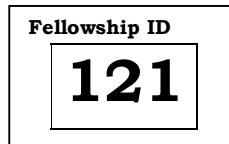
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Venus Sharma

Enrollment No. : 06740890021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

122

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
122	Ms. Mansi Vats			Rs. 38440/-	

- Name of the Fellow : **Ms. Mansi Vats**
 - Enrollment No. : **06940890021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9643970447 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

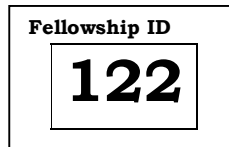
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Mansi Vats**
Enrollment No. : **06940890021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

123

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
123	Mr. Aman Dubey			Rs.31000/-	

- Name of the Fellow : **Mr. Aman Dubey**
 - Enrollment No. : **01720390021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMC**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9015218107 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

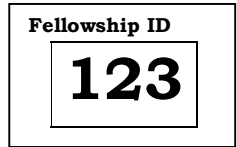
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Mr. Aman Dubey

Enrollment No. : 01720390021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

124

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
124	Mr. Ravi Sehrawat			Rs.38440/-	

- Name of the Fellow : **Mr. Ravi Sehrawat**
 - Enrollment No. : **01920390021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMC**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9582914507** Email: _____
 - Award Letter No. & date(**Copy Attached**) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
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- ❖ I am not employed anywhere.
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If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

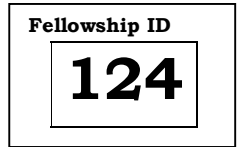
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Ravi Sehrawat**

Enrollment No. : **01820390021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

125

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
125	Mr. Koshal Rajora			Rs.38440/-	

- Name of the Fellow : **Mr. Koshal Rajora**
 - Enrollment No. : **04616390021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8585957518 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
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- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

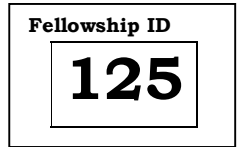
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Koshal Rajora**

Enrollment No. : **04616390021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

126

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
126	Md. Fariduddin Rafique			Rs.38440/-	

- Name of the Fellow : **Md. Fariduddin Rafique**
- Enrollment No. : **04916390021**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9068246723 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

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- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
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If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

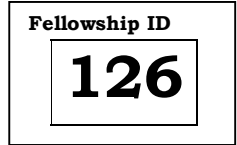
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Md. Fariduddin Rafique**

Enrollment No. : **04916390021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

127

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
127	Mr. Sushant Sharma			Rs.38440/-	

- Name of the Fellow : **Mr. Sushant Sharma**
- Enrollment No. : **01116190021**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USCT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8463840353 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

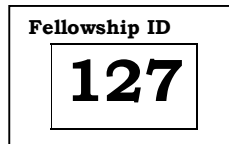
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Sushant Sharma**

Enrollment No. : **01116190021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

128

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
128	Mr. Vishwender Pratap Singh			Rs.38440/-	

- Name of the Fellow : **Mr. Vishwender Pratap Singh**
- Enrollment No. : **01216190021**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USCT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8285461725 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

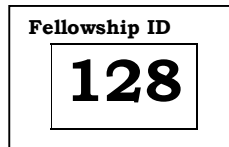
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Vishwender Pratap Singh**

Enrollment No. : **01216190021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

129

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
129	Ms. Rachita Agrawal			Rs.31000/-	

- Name of the Fellow : **Ms. Rachita Agrawal**
 - Enrollment No. : **08116590021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7838394003 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

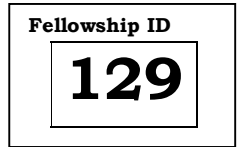
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Rachita Agrawal

Enrollment No. : 08116590021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

130

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
130	Mr. Mohit Tanwar			Rs.38440/-	

- Name of the Fellow : **Mr. Mohit Tanwar**
 - Enrollment No. : **08316590021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8810567910 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

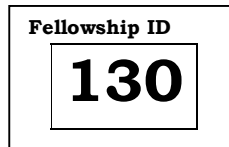
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____
(Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Mohit Tanwar**

Enrollment No. : **08316590021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

131

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
131	Ms. Ruchi Bhalla			Rs.38440/-	

- Name of the Fellow : **Ms. Ruchi Bhalla**
 - Enrollment No. : **08016690021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8860666486 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

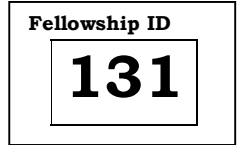
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Ruchi Bhalla**
Enrollment No. : **08016690021**

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

132

IPRF

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
132	Ms. Renu Chhikara			Rs.38440/-	

- Name of the Fellow : **Ms. Renu Chhikara**
- Enrollment No. : **08916690021**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8221058086 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated : _____

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

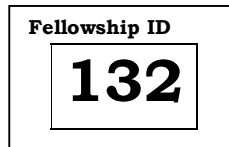
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. _____ (Rs. _____ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Renu Chhikara

Enrollment No. : 08916690021

Fellowship started Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20_____

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow