Fellowship ID 112

IPRF

															_	
S	.No.		Name of	the Fello	ow	f		Period of the Pe			th/Perio		Fellov amount	^		mount n Rs.)
						'		Month			o Month		moi		(11	11(3.)
1	12	Ms. J	aya Sin	gh Par	ihar								Rs.38	440/-		
1.	Name	of the Fo	ellow			: N	As. Jaya	a Singh	Parih	ar						
2.	Enroll	ment No				: 0	072639	0021								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: (CDMS									
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.													
						: N	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bod I am I have scho	ies or an not emp ve not a blarship. result of	y other incolored any vailed fell of check the obje	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity, stage, a	includin	g IPRF, ST	ΓRF, JRF/S	SRF or e fund	any other
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the 1	month						
Rs		(F	Rs:										only)	may be r	elease	ed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	,	Balance Leave
No. of Leave													30			
	re of su	ıperviso	r with sta	атр						•		Signat	ure of the	e Dean w	vith S	tamp
_		-	orwarded	-	lease	the fe	llowship	o amoi	ant of	f Rs.					ly).	

Fellowship ID	_
112	

Name of the Fellow : Ms. Jaya Singh Parihar

Enrollment No. : **00726390021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Dec Sep Nov. Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 113

IPRF

S	S.No.		Name of	the Fell	ow			/Period			th/Perio		Fellov	- 1	Amount
						1		nip Clair n Month			ship Cla o Montl		amour one m		(in Rs.)
1	13	Ms. U	Isha Rav	wat								,	Rs384		
1.	Name	of the Fe	ellow			: N	Is. Ush	a Rawa	t						
2.	Enroll	ment No	·.			: 1	941649	0021							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SIC&	Γ							
6.	Reside	ntial Ad	ldress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Si	upervisor	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code				
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod I an I ha scho If as a	lies or and not employee not a local allower of a local allower of the l	y other ind bloyed any vailed fell of check	lustry or from where. lowship for	m the University four years objection	versity.	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	; IPRF, ST	RF, JRF/SR	The Corporate F or any other und, adjust
Dated :_											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	0	an	d also
the prog	gress o	f the S	cholar is	satisfac	ctory. F	lis/her	fellows	ship for	the 1	month	of			_ amounti	ng to
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
					'					•					
Signatu	re of su	ıperviso	r with sta	ımp							\$	Signatu	re of the	Dean wit	h Stamp
Recomm (Rs	nended	and f	orwarded	to re	lease t	he fel	lowship	o amou	int of	f Rs.				only	·).

Fe	llows	hip	ID	
	1	1	3	

Name of the Fellow : Ms. Usha Rawat Enrollment No. : 19416490021

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June Aug July Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Dec Sep Nov. Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 114

IPRF

S	.No.		Name of th	ne Fellow				riod of	- 1		Period o	- 1	Fellows	-	Amount
							wship (rom M	Claime	d fe		ip Clain Month)	ned a	amount o montl		(in Rs.)
1	14	Ms. H	limadri S	Singh		(11	TOIII IVI	ontin)		(101	violitii)	R	s.3100		
	NT.	C.I. E	11			3.4	11.	1 . 6.							
		of the Fe						idri Si	ngn						
2.		ment No					16490								
3.			of fellowsh	iip Claime	d										
4.		nt (in Rs	<i></i>						(in	words)	:				
5.		of the So				: USI	IC&T								
6.	Reside	ential Ad	dress			:									
						:									
						:									
7.	Mobil	e No. &	Email ID			: 880	03268	83	Email:						
8.	Award	l Letter N	No. & date((Copy Att	ached)	:									
9.	Name	of the Su	apervisor (s	s)											
10.	Bank A	Account	No.			:				IFS	C Code	:			
						: Nar	me of t	he Bar	ık:						
	Addre	ss of the	Bank												
Book I an I hat scho If as a	lies or and not employee not a colorship. result	y other ind ployed any vailed fell	lustry or from where. owship for fo	the Universion the Universion years after objection,	ity. ter admiss	ion into	the Ph	.D. prog	ramme	of the U	niversity,	including	; IPRF, STI	RF, JRF/SRF	or any other
Dated :											Sig	nature	of the Re	search Fe	llow
			 sed attenda		d haa ha	OM 110M	mifical 4	Can tha	mamia d	fuam					
			cholar is												
_	-			Saustacio	ry. His/i	ner ie	enowsi	np for	the i	nontn	01				-
KS		(F	cs:										only) i	nay be rele	ased.
Month	Jan.	Feb.	March	April N	May Ju	ne J	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave	1									1					
Signatu	re of su	ıperviso	r with stai	mp							,	Signatu	re of the	Dean with	h Stamp
O		-	orwarded	•	se the	fello	wship	amou	ınt of	Rs.		Ü			•
(Rs.														only).

Fell	ows	hip	ID	
	1	1	4	

Name of the Fellow : Ms. Himadri Singh

Enrollment No. : 19616490021

July

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Dec Sep Nov. Aug Year 20 Jan Feb Mar April May June

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.

Oct.

Sep

Aug

Signature of the Research Fellow

Dec

Nov.

Fellowship ID 115

IPRF

S	S.No.		Name of	the Fello	w			Period			h/Perio		Fellow		Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	115	Ms. S	akshi G	upta			(11011		,	(2)		.)	Rs.384		
 1.	Name	of the Fo	ellow			· 1	As Sak	shi Gup	nta						
2.		ment No					011 73 9	_	,,,,						
3.			of fellows	hin Clain	nad				20	from	n ·		to		
3. 4.		nt (in Rs		inp Ciain	neu										
5.		of the So	<i>'</i>				JSAP		(111	words)	•				
5. 6.		ential Ad													
0.	Reside	шат Аа	idress												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	Attache										
9.			upervisor (
10.		Account	-												
	Addre	ss of the	Bank												
Book I an I hat scho If as a	dies or and not employed not a not a not a not a library of the not a library of the not a	y other ind ployed any vailed fell	lustry or from where. lowship for t	n the University four years objection	ersity. after adn	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other Fund, adjust
Dated :											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance rec	ord has	been	verified	for the	period	from		t	0	aı	nd also
			cholar is												
Rs														may be re	-
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	11/111104	
Leave	1														
Signatu	re of sı	ıperviso	r with sta	ımp							\$	Signatı	ire of the	Dean wi	th Stamp
O		•	orwarded	•	ease t	he fel	llowshir	o amoi	ınt o	f Rs.		0			
(Rs														only	y).

Fellowship ID	
115	

Name of the Fellow : Ms. Sakshi Gupta
Enrollment No. : 00117390021

Fellowship started Year 20 Feb April May Jan Mar June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 116

IPRF

S	S.No.		Name of	the Fello	w			Period			th/Perio		Fellow	-	Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	16	Ms. N	leha Mit	tal								,	Rs.384	140/-	
1.	Name	of the Fe	ellow			: N	Is. Neh	a Mitta	ıl						
2.	Enroll	ment No).			: 0	022629	0021							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	froi	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				CEPS								
6.	Reside	ntial Ad	ldress			:_									
						:_									
7.	Mobile	e No. &	Email ID												
8.			No. & date	c(Conv A	Attache										
9.			upervisor (_									
		Account	-	(5)											
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	lies or an not emp ave not a olarship.	y other ind bloyed any vailed fell of check	lustry or from where. lowship for t	n the University four years objectio	ersity. after adn	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated:											Sig	nature	of the Ro	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance rec	ord has	been	verified	for the	period	from		1	0	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. H	lis/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Ion	Feb.	March	April	May	June	July	Ana	Sep.	Oct.	Nov.	Dec.	Total	Total	Balance
Month	Jan.	reo.	March	Aprii	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Leave	Leave Availed	Leave
No. of Leave													30		
										I	I				
Recomn		•	r with sta	•	ease t	he fel	llowshi _l	o amoi	ant of	f Rs.	;	Signatı	ire of the		th Stamp
(Rs.														only	y).

Fe	llows	hip	ID	
	1	1	6	

Name of the Fellow : Ms. Neha Mittal
Enrollment No. : 00226290021

Fellowship started Year 20 Feb April May Jan Mar June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 117

IPRF

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

															<u>'</u>
S.1	No.	Na	ame of the	e Fellow			th/Period			nth/Per			llowship		mount
					f		ship Cla om Mont			vship C Γο Mor	Claimed nth)		ount of or month	ne (i	n Rs.)
1:	17	Ms. N	lissy Jo	se		(110	oni wioni	11)		10 14101	1111)		38440 <i>/</i>	'-	
1. N	Vame	of the Fe	ellow			: N	Ms. Niss	v Jose							
2. E	Enrollı	nent No).				522169	•							
3. N	Month	/Period	of fellows	ship Clair	ned				20	fror	n :		to		
		nt (in Rs		1											
		of the So	·				JSHSS		`	,					
6. F	Reside	ntial Ad	ldress			:									
						:_									
7. N	Mobile	e No. &	Email ID			: 9	9971920	958	Email:						
8. A	Award	Letter 1	No. & date	e(Copy A	Attached	l) :_									
9. N	Name	of the Si	upervisor	(s)		:_									
10. E	Bank A	Account	No.			:_				IFS	C Code :				
						: 1	Name of	the Baı	nk:						
A	Addres	ss of the	Bank												
I have schola as a re	e not a arship. e sult (of check	lowship for	objectio								_		RF, JRF/SRI xen to ref u	
ted :											Sign	nature	of the Re	esearch Fe	llow
rtified 1	that th	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	from _		t	0	an	d also
progr	ess o	f the S	cholar is	satisfac	tory. H	is/her	fellows	ship for	the 1	nonth	of			amounti	ng to
•		(F	Rs:										only) r	nay be rele	eased.
		г.	36.1		34	T	T 4 1				\ \tag{1}	ъ	TD. ()	TF. 4.3	
onth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balar Leav
o. of ave													30		
ave															
gnature	e of su	perviso	r with sta	amp							S	Signatu	re of the	Dean wit	h Stam
comme		-	forwarded	-	ease th	ne fe	llowship	amoi	unt of	Rs.					
s.														only).

Fellowship ID	
117	

Name of the Fellow : **Ms. Nissy Jose**Enrollment No. : **05221690021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 118

IPRF

S.	No.	N	Name of the	Fellow	fell	Ionth/Perilowship C	laimed	- 1	owship	eriod of Claime		Fellowsh mount of	one	Amount (in Rs.)
1	18	Mr. S	anghpriy	a Gauta		From Mo	onth)		(To M	lonth)	Rs	month 3. 3844 0		
1.	Name	of the Fe	ellow			Mr. San	ghnriva	Gant	a m					
		ment No				0532169		Guut	••••					
			of fellowshi	ip Claimed				20	froi	n :		to		
		nt (in Rs		1										
		of the So	<i>'</i>			USHSS		`	ĺ					
6.	Reside	ential Ad	ldress											
7.	Mobile	e No. & 1	Email ID											
8.	Award	Letter N	No. & date(Copy Atta	ached) :									
9.	Name	of the Su	upervisor (s	s)	:									
10.	Bank 1	Account	No.		:				IFS	C Code :				
					:	Name of	the Bar	ık:						
	Addre	ss of the	Bank											
I hav schol as a r r regul	ve not a larship. result o	of check	owship for fo or audit o	bjection,						stage, ac	ction w	ill be tak		nd, adju
			sed attenda											
		-	cholar is	satisfactor	ry. His/he	r fellows	hip for	the i	nonth	of			_	_
·		(F	cs:									_ only) i	nay be rele	eased.
onth	Jan.	Feb.	March	April M	Iay June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
o. of eave												30		
<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>											
		•	r with stan	-						s	ignatu	re of the	Dean with	n Stamp

Fellowship ID	
118	

Name of the Fellow : Mr. Sanghpriya Gautam

Enrollment No. : **05321690021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 119

IPRF

S	S.No.		Name of	the Fello	W			Period			th/Perio		Fellow		Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	19	Ms. A	rushi J	ain				,	,			,	Rs.384		
1.	Name	of the Fe	ellow			: N	Is. Aru	shi Jair	1			L			
2.	Enroll	ment No				: 0	511609	0021							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	froi	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				SBT								
6.	Reside	ential Ad	dress			:_									
						:_									
7.	Mobile	e No. &	Email ID				802180								
8.			No. & date	e(Copy A	ttached										
9.			apervisor			_									
10.		Account	-												
	Addre	ss of the	Bank												
Book I an I has scho	lies or an not emp ave not a olarship.	y other ind ployed any vailed fell	lustry or fror where. owship for	n the University four years objection	ersity. after adm	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated :											Sig	nature	of the Ro	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance reco	ord has	been v	verified	for the	period	l from _		t	o	aı	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	is/her	fellows	ship for	the i	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30	Tivaneu	
	1	<u> </u>	<u>ı </u>							1	l .		1	1	
O		•	r with sta	•	ease tl	he fel	llowship	o amoi	ant of	f Rs.		Signatı	ire of the	e Dean wi	th Stamp
(110.															, <i>j</i> •

Fellowship ID	
119	

Name of the Fellow : **Ms. Arushi Jain**Enrollment No. : **05116090021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 120

IPRF

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	^	Amount
						10		ip Clain Month			ship Cla o Month		amount mon	I	(in Rs.)
1	120	Ms. D	eepans	hi Vijh			(11011			(2)		.)	Rs.310		
 1.	Name	of the Fe	ellow			· N	Is. Dee	panshi	Viih						
2.		ment No					521609	_	, 1 ,11						
3.			of fellows	hin Clain	ned				20	fror	n ·		to		
4.		nt (in Rs		mp Clain	ica										
5.		of the So					SBT		(111	words)					
6.		ential Ad													
0.	Reside	muai Au	diess												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	c(Copy A	ttache	d) :_									
9.	Name	of the Su	apervisor ((s)											
10.	Bank A	Account	No.												
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	n the Universion four years is objection	ersity. after adm	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated :											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance reco	ord has	been v	verified	for the	period	l from _		t	0	ar	nd also
			cholar is												
Rs		(F	Rs:										only) 1	may be rel	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	Truncu	
Leave															
Signatu	re of su	ıperviso	r with sta	ımp							:	Signatı	ire of the	Dean wi	th Stamp
Ü		•	orwarded	•	ease tl	he fel	lowshir	o amoi	ınt o	f Rs.	·	8			- F
(Rs														only	7).

Fellowship ID	
120	

Name of the Fellow : Ms. Deepanshi Vijh

Enrollment No. : **05216090021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID **121**

IPRF

1/	No.	Name of the Fel		onth/Period of		/Period of		owship	Amoi	
10				owship Claimed From Month)		nip Claimed Month)		nt of one onth	(in R	s.)
14	21	Ms. Venus Sha		Tom Monui	(10	<u>ivionur)</u>		1000/-		
1. N	Name	of the Fellow	l	: Ms. Venus S	harma		ı			
2. E	Enroll	ment No.		: 06740890021	l					
3. N	Month	Period of fellowship	Claimed	:	20	from :		to _		
4. <i>A</i>	Amou	nt (in Rs.)		:	(in '	words):				
5. N	Name	of the School		: USBAS						
6. F	Reside	ential Address		:						
7. N	Mobile	e No. & Email ID		: : 6396231605						
8. A	Award	Letter No. & date(C	Copy Attached	:						
9. N	Name	of the Supervisor (s)		:						
10. F	Bank A	Account No.		:		IFSC Code	e:			
				: Name of the	Bank:					
F	Addre	ss of the Bank								
		oloyed anywhere. vailed fellowship for fou					_			
schola as a re regula	arize 1	of check or audit ob the objected amoun	•							nd, a
schola as a re regula	arize 1		•					of the Re	search Fel	nd, a
schola as a re regula ted:	arize 1	the objected amoun	t.	peen verified for	the period	Si	gnature		search Fel	nd, a
schola as a re regula ted: tified t	arize	the objected amoun	t.		_	Si from	gnature t	o	search Fel	nd, a
schola as a re regula ted: rtified to progr	that the	the objected amoun	t.		_	Si from	gnature t	0	search Fel	nd, a low also
schola as a re regula ted: rtified to	that the	the objected amoun ne enclosed attendan f the Scholar is sa (Rs:	ce record has batisfactory. His		for the n	Si from	gnature t	0	search Fell and amountin nay be relea	nd, a low also g to
schola as a regula regula rtified : progr	that theress of	the objected amoun ne enclosed attendan f the Scholar is sa (Rs:	ce record has batisfactory. His	s/her fellowship	for the n	from	gnature t	only) n	search Fell and amountin nay be relea	low also also ased
schola as a re regula ted: rtified t progr onth of ave	that theress of Jan.	the objected amoun ne enclosed attendan f the Scholar is sa (Rs:	ce record has batisfactory. His	une July Au	g. Sep.	from	gnature to	_ only) n Total Leave	search Fell and amountin nay be relea	nd, a llow also to assed.

Fellowship ID	
121	

Name of the Fellow : Ms. Venus Sharma

Enrollment No. : **06740890021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 122

IPRF

															_'
S	.No.		Name of t	he Fello	W			eriod of			Period o		Fellows	^ I	Amount
							lowship (From N	Claime	ed fe		ip Claim Month)	ed	amount o	I .	(in Rs.)
1	22	Ms. N	Iansi Va	nts			(From P	vionin)		(101	vionin)	F	monu Rs. 3844		
	. 44	2,20, 1,												,	
1.	Name	of the Fo	ellow			: N	As. Mai	nsi Vats	S						
2.	Enroll	ment No				: 0	694089	0021							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to _		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSBAS								
6.	Reside	ential Ad	ldress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter l	No. & date	e(Copy A	Attached	d) :									
9.	Name	of the Si	upervisor	(s)											
		Account	•	,											
	Addre	ss of the	Bank												
Bod I an I ha scho If as a	lies or and not employee not a colorship.	y other incolory of check	lustry or from where. lowship for	m the University four years objection	ersity.	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, STI	RF, JRF/SR	the Corporate F or any other und, adjust
Dated :											Sign	nature	of the Re	esearch Fo	ellow
Certified	l that tl	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	from		1	.0	an	d also
														amounti	
			Rs:		•			•						- nay be rel	
		`												•	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave															
Signatu	re of sı	ıperviso	r with sta	атр							\$	Signatı	ire of the	Dean wit	h Stamp
	nended	and f	orwarded	to re	lease th	ne fel	llowship	o amoi	unt o	f Rs.					
(Rs.														only).

	Fellowship ID
122	122

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

Fellowship started Year 20 Feb April May Jan Mar June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 123

IPRF

S	S.No.		Name of	the Fellov	V			Period			th/Perio		Fellow	- 1	Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	L23	Mr. A	man Du	bey								,	Rs.310	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Am	an Dub	ev						
2.	Enroll	ment No					172039		•						
3.	Month	/Period	of fellowsl	hip Claim	ied	:			20	froi	n :		to		
4.		nt (in Rs		•											
5.		of the So	,				ISMC			Ź					
6.	Reside	ential Ad	dress			:									
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	ttache										
9.	Name	of the Si	apervisor ((s)											
10.	Bank A	Account	No.												
						: N	Vame of	the Ba	nk:						
	Addre	ss of the	Bank												
Solution A Book I am Book I am School I as a school If a school	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or fron where. owship for f	ship, financ in the University four years a	ial assis rsity. after adn	tance, gr	rants, etc	from any	other G	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated :											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attenda	ance reco	ord has	been v	verified	for the	period	l from		t	0	an	ıd also
			cholar is												
Rs.					•			•						- may be rel	-
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														
O		•	r with sta	•	ease tl	he fel	llowshij	o amoi	ınt o	f Rs.		Signatu	ire of the	Dean wit	
(1/2														only	· J•

Fellowship ID	
123	

Name of the Fellow : **Mr. Aman Dubey**Enrollment No. : **01720390021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June Aug July Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Dec Sep Nov. Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 124

IPRF

S	S.No.		Name of	the Fello	W			Period			th/Period		Fellow		Amount
						10		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
	124	Mr. R	avi Seh	rawat			(Troil	11101111	,	(1)	o ivioiiii	.)	Rs.384		
1.	Name	of the Fe	ellow			· 1	Ar Rax	i Sehra	wat						
2.		ment No					192039		wai						
				hin Clain	1				20	£			4		
3.			of fellows	nip Ciain	nea										
4.		nt (in Rs	,						(1n	words)	:				
5.		of the So					JSMC								
6.	Reside	ential Ad	dress												
						:_									
7	N (. 1. 11	. NT. 0	Email ID												
7.				(C A	441										
8.			No. & date		ttacne										
9.			apervisor ((s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
 I an Book I ar I had such If as a 	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for	ship, finand in the University four years a	cial assis ersity. after adn	tance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated:											Sign	nature	of the Re	esearch F	ellow
Certifie	d that tl	ne enclo	sed attend	ance reco	ord has	been v	verified	for the	period	from _		t	о	an	ıd also
the pro	gress c	of the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			amount	ing to
Rs.		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave															
Signatu	re of si	ıperviso	r with sta	ımp							9	Signatu	re of the	Dean wit	th Stamn
Ü		•	orwarded	-	ease t	he fel	llowshir	o amoi	ant of	f Rs.	•				~Р
(Rs							1							only	·/).

Fellowship	ID
12	4

Name of the Fellow : Mr. Ravi Sehrawat

Enrollment No. : **01820390021**

Fellowship started Year 20 Feb April May Jan Mar June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 125

IPRF

S	S.No.		Name of	the Fello	w			Period			h/Perio	I	Fellow	^	Amount
						I 10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	L25	Mr. K	oshal R	ajora				,	,			,	Rs.384		
1.	Name	of the Fe	ellow			: N	Ar. Kos	hal Raj	ora						
2.	Enroll	ment No	١.				461639	•							
3.	Month	/Period	of fellowsl	hip Clair	ned	:			20	fror	n :		to		
4.	Amou	nt (in Rs	.)	•											
5.	Name	of the So	chool				JSEM		`						
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID			: 8	585957	518	Email:						
8.	Award	l Letter N	No. & date	(Copy A	Attache	d) :_									
9.	Name	of the Su	upervisor ((s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for t	n the University four years objectio	ersity. after adr	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance rec	ord has	been v	verified	for the	period	from		t	o	ar	nd also
the prog	gress o	of the S	cholar is	satisfac	tory. H	His/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
	,									1	ı				1 = -
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
LCave															
Signatu	re of su	ıperviso	r with sta	тр							:	Signatı	ire of the	Dean wi	th Stamp
Ü		•	orwarded	•	ease t	he fel	llowship	o amoi	int of	f Rs.					
(Rs														only	/).

125	Fellowship ID	
	125	

Name of the Fellow : Mr. Koshal Rajora

Enrollment No. : **04616390021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID **126**

IPRF

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow		Amount
						16		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	26	Md. F	aridudo	din Raf	ique		(11011	. IVIOIIII	,	(1)	o ivioiti.	.)	Rs.384		
1.	Name	of the Fo	ellow			· N	Ad Far	iduddii	ı Rəfi	nne					
2.		ment No					491639		1 IXIIIX	luc					
3.			of fellows	hin Clair	med				20	fror	n·		to		
4.		nt (in Rs		mp Ciun	iica										
5.		of the So					JSEM		(111	words)	•				
6.		ential Ad													
0.	Reside	illiai Au	urcss												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Book I an I hat scho If as a	lies or an not emp ave not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity. after adı	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinş	g IPRF, STI	RF, JRF/SR	F or any other und, adjust
Dated :											Sig	nature	of the Re	esearch Fo	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	0	an	d also
														amounti	
Rs		(F	Rs:										only) 1	nay be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	Tivanea	
Leave															
Signatu	re of su	ıperviso	r with sta	amp							:	Signatu	re of the	Dean wit	h Stamp
O		•	orwarded	•	lease t	he fel	llowshir	o amoi	ınt of	f Rs.	·	e•			r
(Rs														only).

Fellowship ID	
126	

Name of the Fellow : Md. Fariduddin Rafique

Enrollment No. : **04916390021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID **127**

IPRF

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

S	S.No.		Name of	the Fello	w			Period			h/Perio	I	Fellow	_	Amount	
						1		ip Clain Month			ship Cla o Month		amount mon	I	(in Rs.)	
1	127	Mr. S	ushant	Sharm	a			,				,	Rs.384			_
1.	Name	of the Fe	ellow			: N	Ar. Sus	hant Sh	arma							
2.	Enroll	ment No	١.			: 0	111619	0021								
3.	Month	/Period	of fellows	hip Clair	ned	:			20	fror	n :		to			
4.	Amou	nt (in Rs	.)	-												
5.	Name	of the So	chool				JSCT									
6.	Reside	ential Ad	dress			:_										
7.	Mobil	e No. &	Email ID			: 8	463840	353	Email:	:						
8.	Award	l Letter 1	No. & date	(Copy A	Attache	d) :_										
9.	Name	of the Su	apervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: N	Vame of	the Bar	nk:							
	Addre	ss of the	Bank													
Solution Here I am Book I am Soch If as a	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or fror where. owship for	ship, finan n the University four years objectio	cial assis ersity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SF	of the Corporate RF or any other fund, adjust	er
Dated:											Sig	nature	of the R	esearch F	`ellow	
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	.o	aı	nd also	
the pro	gress c	of the S	cholar is	satisfac	tory. F	His/her	fellows	ship for	the	month	of			amount	ting to	
Rs		(F	Rs:										only)	may be re	leased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave	
No. of Leave													30			
Leave																
Ü		•	r with sta	•	ease t	the fel	llowshij	o amoi	ant of	f Rs.	;	Signatı	ire of the	e Dean wi	th Stamp	
(Rs														onl	y).	

Fellowship ID	
127	

Name of the Fellow : Mr. Sushant Sharma

Enrollment No. : **01116190021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 128

IPRF

S	.No.		Name of	the Fello	ow			Period			th/Perio			wship		Amount
						I		ip Clair Month			ship Cla o Month			t of one	((in Rs.)
1	28	Mr. Vi	ishwend	er Prata	p Sing	h						,	Rs.38	440/-		
1.	Name	of the Fo	ellow			: N	Ar. Visl	nwende	r Prata	ap Sing	gh					
2.	Enroll	ment No) .			: 0	121619	0021								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSCT									
6.	Reside	ential Ad	ldress													
						:_										
7.			Email ID		=											
8.			No. & date	`	Attache	_										
			upervisor	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
 I an Bod I an I ha scho If as a loor regulation 	n not availies or an in not employe not a plarship. result (larize to larize to lariz	niling any y other incolored any vailed fell of check	dustry or from where. lowship for a or audit cted amo	whip, finar m the University four years	ncial assis versity.	stance, gr	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, S	TRF, JRF/	SRF o	e Corporate or any other d, adjust ow
Certified	l that th	ne enclos	sed attend	lance rec	ord has	been	verified	for the	period	from		1	to		and	also
			cholar is													
			Rs:										only)			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30			_
	1	l	l		1		<u> </u>		<u> </u>		I	I	ı			
_		-	r with sta	-								Signati	ure of th	e Dean	vith	Stamp
Recomn Rs.	nended	and f	orwarded	to re	lease 1	the fe	Howship	o amoi	unt of	Rs.				0	nly).	_

Fellowship ID	
128	

Name of the Fellow : Mr. Vishwender Pratap Singh

Enrollment No. : **01216190021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar April May June July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 129

IPRF

S	.No.		Name of	the Fell	ow			Period			th/Perio			wship		Amount
						1		ip Clain Month			ship Cla o Month		amoun	of one	'	(in Rs.)
1	29	Ms. R	Rachita	Agrawa	al							,	Rs.31	000/-		
1.	Name	of the Fe	ellow			: N	As. Rac	hita Ag	rawal							
2.	Enroll	ment No) .				811659	_								
3.	Month	/Period	of fellows	ship Clai	med	:			20	froi	n :		to			
4.	Amou	nt (in Rs	.)	-												
5.	Name	of the So	chool				JSLLS		`							
6.	Reside	ntial Ad	ldress			:_										
						:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.													
						: 1	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
I am I ha scho f as a l or regu	n not emp ave not a plarship. result of llarize	bloyed any vailed fell of check the obje	owship for or audit	four years	after ad						stage, a	ction v	_	iken to i	refun	or any other
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the i	month						
s		(F	Rs:										only)	may be	relea	sed.
Ionth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Avail	e	Balance Leave
o. of eave													30			
	re of su	inerviso	or with sta	amn	1		•			•		Sionati	ure of th	e Dean	with	Stamn
ecomm		-	orwarded	-	lease	the fe	llowship	o amoi	unt of	f Rs.						—
Rs.														o	nly).	

Fellowship ID	
129	

Name of the Fellow : Ms. Rachita Agrawal

Enrollment No. : **08116590021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID 130

IPRF

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

S	S.No.		Name of t	the Fellov	v			Period			h/Perio	I	Fellow	^	Amount
						16		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	130	Mr. N	Iohit Ta	nwar				,	,			,	Rs.384		
1.	Name	of the Fe	ellow			: N	Ir. Mol	hit Tan	war						
2.	Enroll	ment No	١.			: 0	831659	0021							
3.	Month	/Period	of fellowsh	hip Claim	ed	:			20	fror	n :		to		
4.	Amou	nt (in Rs	.)	-											
5.	Name	of the So	chool				SLLS								
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID			: 8	810567	910	Email	:					
8.	Award	l Letter N	No. & date	(Copy At	ttached	l) :_									
9.	Name	of the Su	upervisor ((s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or fron where. owship for f	n the Univer four years a objection	rsity. fter adm	ission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SF	of the Corporate RF or any other fund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	he enclos	sed attenda	ance reco	rd has	been v	verified	for the	period	from _		t	.o	aı	nd also
the prog	gress o	of the S	cholar is	satisfacto	ory. Hi	is/her	fellows	ship for	the	month	of			amoun	ting to
Rs		(F	Rs:										only) ı	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1		II.												
Signatu	re of su	ıperviso	r with sta	mp							;	Signatı	ire of the	Dean wi	ith Stamp
	nended	and f	orwarded	to rele	ase th	e fel	llowship	o amoi	int o	f Rs.					
(Rs														onl	y).

Fellowship ID	
130	

Name of the Fellow : Mr. Mohit Tanwar

Enrollment No. : **08316590021**

Fellowship started Year 20 Feb April May Jan Mar June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID **131**

IPRF

															_	
S	.No.		Name of	the Fell	ow		Month/ ellowsh	Period o			th/Perio		Fellov			mount
						1		Month	I .		ship Cla o Month		amount mo		(1	in Rs.)
1	31	Ms. R	Ruchi Bl	nalla			`	,					Rs.38	440/-		
1.	Name	of the Fe	ellow			: N	As. Ruc	hi Bhal	la							
2.	Enroll	ment No				: 0	801669	0021								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSMS									
6.	Reside	ntial Ad	dress													
_						:_										
			Email ID													
			No. & date	`	Attache	_										
			apervisor	(s)												
10.	Bank A	Account	No.													
	Addres	ss of the	Bank													
Bod I am I ha scho If as a r Dr regu	n not emp ve not a blarship. result (larize t	y other ind bloyed any vailed fell of check	owship for or audit cted amo	m the Univ	ersity.	mission i	into the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	ΓRF, JRF/S	SRF or	r any other
			sed attend	lance rec	ord has	s heen s	verified	for the	neriod	from			to		and a	ılso
			cholar is													
			enotar is es:		201y. 1	113/1101	ichowi	mp roi	the	inontin				may be r		
		(2												11111) 001		
Ionth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	2	Balance Leave
lo. of Leave													30			
care	1		<u>ı</u>		l		I		<u> </u>		I	ı	1	1		
ignatuı	re of su	iperviso	r with sta	amp								Signat	ure of th	e Dean v	vith S	Stamp
ecomm Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amou	unt of	f Rs.				or	 ıly).	_

	Fellowship ID
131	131

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

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.

Fellowship ID **132**

IPRF

S	S.No.		Name of	the Fello	ow			Period	I .		h/Perio		Fellow		Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	L32	Ms. R	enu Ch	hikara			(From	I IVIOIIII	,	(1	o ivioiti.	.)	Rs.384		
 1.	Name	of the Fo	allow			. 1	Is Don	u Chhi	lzara						
2.		ment No					891669		Kai a						
				hin Clair	1				20	£			4.0		
3.			of fellows	nip Cian	mea										
4.		nt (in Rs							(1n	words)	:				
5.		of the So					JSMS								
6.	Reside	ential Ad	dress												
						:_									
7	N	N I 0	E "I ID												
7.			Email ID	(C											
8.			No. & date		Attache										
9.			apervisor	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity. after adr	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been	verified	for the	period	l from _		t	o	an	nd also
the prog	gress o	of the S	cholar is	satisfac	tory. H	His/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave	1														
Signatu	re of sı	ıperviso	r with sta	ımp							!	Signatı	ire of the	Dean wit	th Stamp
Ü		•	orwarded	•	lease t	he fel	llowshir	o amoi	int o	f Rs.	·	8		· · •	F
(Rs														only	7).

Fellowship ID	
132	

Name of the Fellow : Ms. Renu Chhikara

Enrollment No. : **08916690021**

Fellowship started Year 20 Feb May Jan Mar April June Oct. Nov. July Aug Sep Dec Year 20 Jan Feb Mar April May June July Aug Sep Oct. Nov. Dec Year 20 Jan Feb Mar May June April July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Dec Sep Nov. Aug Year 20 Jan Feb Mar April May June July Sep Oct. Nov. Dec Aug

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.