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



226

<u>STRF</u>

	<u>PRO</u>	FORMA FOR SUBMITTING TH	E CLAIM FOR THE I	RELEASE OF FELLO	)WSHIP : <b>STR</b>	<u>.F</u> .
ŝ	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.)
2	226	Ms. Kriti Singh	(110iii Wolitii)		Rs.25000/-	
1.	Name	of the Fellow	: Ms. Kriti Singh		1 1	
2.	Enrollı	ment No.	: 00116190616			
3.	Month	/Period of fellowship Claimed	:20	from :	to	
4.	Amou	nt (in Rs.)	:(i	n words):		
5.	Name	of the School	: USCT			
6.	Reside	ential Address	:			
			:			
7.	Mobile	e No. & Email ID	: 8800749307 Ema	il:		
8.	Award	Letter No. & date(Copy Attached)				
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank: _			
	Addres	ss 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 five 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 enclose	ed attendance record has been verified for the period from	to and also
the progress of the Sc	cholar is satisfactory. His/her fellowship for the month of	amounting to
Rs (Rs	s:	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

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



Name of the Fellow Enrollment No. : Ms. Kriti Singh

: 00116190616

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

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



22 7

OMDE

STRF

	<u>PRO</u>	FORMA FOR SUBMITTING THE	E CLAIM FOR THE R	RELEASE OF FELLO	DWSHIP : <b>SIR</b>	
	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)
			(From Month)	(To Month)	month	
1	227	Mr. Manpreet Singh			Rs.25000/-	
1.	Name	of the Fellow	: Mr. Manpreet Singh			
2.	Enrollı	ment No.	: 14916490019			
3.	Month	/Period of fellowship Claimed	:20_	from :	to	
4.	Amour	nt (in Rs.)	:(ii	n words):		
5.	Name	of the School	: USIC&T			
6.	Reside	ntial Address	:			
7.	Mobile	e No. & Email ID	: 7292036505 Emai	1:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)				
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank:			
	Addres	ss 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.

٠ 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.
- ٠ I have not availed fellowship for five 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 encl	osed attendance record has been verified for the period from	toand 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

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



### Name of the Fellow : Mr. Manpreet Singh

Enrollment No.

: 14916490019

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

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



**228** 

<u>STRF</u>

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR T	HE R	ELEASE OF FELLC	OWSHIP : SIR	<u>(F</u>
	S.No.	Name of the Fellow	Month/Period fellowship Clain (From Month	ned	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
:	228	Ms. Ruchika				Rs.25000/-	
1.	Name	of the Fellow	: Ms. Ruchika				
2.	Enrolli	ment No.	: 07716494016				
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amour	nt (in Rs.)	:	(ir	words):		
5.	Name	of the School	: USIC&T				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9810084944	Email	:		
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)					
10.	Bank A	Account No.	:		IFSC Code :		
			: Name of the Bar	nk:			
	Addres	ss 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 five 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 enclo	osed attendance record has been verified for the period from	toand also
the progress of the S	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

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



# Name of the Fellow: Ms. RuchikaEnrollment No.: 07716494016

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

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





STRF

	PRO	FORMA FOR SUBMITTING THE	E CLAIM FOR THE R	ELEASE OF FELLC	DWSHIP : <b>SIR</b>	<u> </u>						
S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	229	Mr. Ashwani Kumar			Rs.15000/-							
1.	Name	of the Fellow	: Mr. Ashwani Kumar									
2.	Enrolli	ment No.	: 90077091215									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amour	nt (in Rs.)	:(in	n words):								
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	: 7503279191 Emai	l:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss of the Bank										
eret		re that :										

<u>I he</u> \* I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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.

- ٠ I am not employed anywhere.
- I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other ٠ 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	ed for the period fromto and also
the progress of the Scholar is satisfactory. His/her fellow	wship 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

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



### Name of the Fellow

#### : Mr. Ashwani Kumar

Enrollment No.

: 90077091215

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

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





<u>STRF</u>

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	RELEASE OF FELLO	OWSHIP : STR							
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	230	Parul Ahuja			Rs.25000/-							
1.	Name	of the Fellow	: Parul Ahuja									
2.	Enrolli	ment No.	: 02216690917									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amour	nt (in Rs.)	:(in	n words):								
5.	Name	of the School	: USMS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID		1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss of the Bank										
awak	w doolo	we that .										

#### 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 five 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 Res	earch Fellow
Certified that the enclosed attendance record has been	n verified for the period from	to	and also
the progress of the Scholar is satisfactory. His/h	er fellowship for the month of	f	amounting to
Rs (Rs:		only) m	ay 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

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



Name of the Fellow Enrollment No. : Parul Ahuja

: 02216690917

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

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

#### Fellowship ID



OMDE

<u>STRF</u>

	<u>PRC</u>	DFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELLC	DWSHIP : <b>31 K</b>	<u>.r</u>						
S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	231	Ms. Shalini Pandey			Rs.15000/-							
1.	Name	of the Fellow	: Ms. Shalini Pandey									
2.	Enroll	ment No.	: 06440890021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amou	nt (in Rs.)	:(ir	n words):								
5.	Name	of the School	: USBAS									
6.	Reside	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8707042347 Emai	1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addre	ss of the Bank										
1		we that .										

#### 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 five 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 encl	osed 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

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



Name of the Fellow Enrollment No. : Ms. Shalini Pandey

: 06440890021

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

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





STRF

	PRO	FORMA FOR SUBMITTING THE	E CLAIM FOR THE R	ELEASE OF FELLC	DWSHIP : <b>SIR</b>							
S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed (To Month)	amount of one month	(in Rs.)						
			(From Month)									
2	232	Ms. Neeta Bisht			Rs.15000/-							
1.	Name	of the Fellow	: Ms. Neeta Bisht									
2.	Enrollı	nent No.	: 06540890021									
3.	Month	Period of fellowship Claimed	:20_	from :	to							
4.	Amou	nt (in Rs.)	:(in	n words):								
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9130562445 Emai	l:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	s of the Bank										
		<b>re that :</b> ne research scholar of the USS/Centres of Exce		25 -fthe University								

## <u>I he</u>

\* 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 five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other ٠ 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

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



Name of the Fellow Enrollment No. : Ms. Neeta Bisht

: 06540890021

		Fellowship	started Year 20	_	
Jan	Feb	Mar	April	May	June
July	Aug	Sep	Oct.	Nov.	Dec
		Y	Vear 20		
Jan	Feb	Mar	April	May	June
July	Aug	Sep	Oct.	Nov.	Dec
		Y	/ear 20		
Jan	Feb	Mar	April	May	June
July	Aug	Sep	Oct.	Nov.	Dec
		Y	Year 20		
Jan	Feb	Mar	April	May	June
July	Aug	Sep	Oct.	Nov.	Dec
		Y	/ear 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.

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



233

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING THI	E CLAIM FOR THE	RELEASE OF FELLO	DWSHIP : <b>STF</b>	<u> (F</u>						
S	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.)						
2	233	Ms. Kajal			Rs.25000/-							
1.	Name	of the Fellow	: Ms. Kajal									
2.	Enrollı	ment No.	: 06640890021									
3.	Month	/Period of fellowship Claimed	:20	) from :	to							
4.	Amou	nt (in Rs.)	:	in words):								
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	:9812373695 Ema	ail:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss 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 five 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 encl	osed 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

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



Name of the Fellow Enrollment No. : Ms. Kajal : 06640890021

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

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



234

STRF

	PROFORMA FOR SUBMITTING         S.No.       Name of the Fellow         234       Ms. Priya         Name of the Fellow         Enrollment No.         Month/Period of fellowship Claimed         Amount (in Rs.)         Name of the School         Residential Address         Mobile No. & Email ID         Award Letter No. & date(Copy Attact		G THE CLAIM FOR THE RELEASE OF FELLOWSHIP : <b>STRF</b>									
1	S.No.	Name of the Fellow	Month/Period of fellowship Claime (From Month)		Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)					
1	234	Ms. Priya				Rs.25000/-						
1.	Name	of the Fellow	: Ms. Priya									
2.	Enrollı	ment No.	: 06840890021									
3.	Month	/Period of fellowship Claimed	:	_20	from :	to						
4.	Amour	nt (in Rs.)	:	_(in	words):							
5.			: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8950183018 E	email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:		IFSC Code :							
			: Name of the Bank	c:								
	Addres	ss 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.

٠ 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.
- ٠ I have not availed fellowship for five 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 enclo	osed attendance record has been verified for the period from	to and also	
the progress of the S	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).



Name of the Fellow Enrollment No. : Ms. Priya : 06840890021

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

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





STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELLC	DWSHIP: <b>SIR</b>							
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed (From Month)	fellowship Claimed	amount of one	(in Rs.)						
			(To Month)	month								
2	235	Ms. Jyoti Dahiya			Rs.15000/-							
1.	Name	of the Fellow	: Ms. Jyoti Dahiya									
2.	Enroll	ment No.	: 07040890021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amou	nt (in Rs.)	:(ii	n words):								
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID		1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss of the Bank										
eret		re that :										
I ar	n a full ti	ne research scholar of the USS/Centres of Exc	ellence established under Ordi	nance-35 of the University.								

## <u>I he</u> \*

٠ 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 five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other ٠ 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

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



Name of the Fellow

: Ms. Jyoti Dahiya

Enrollment No.

: 07040890021

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

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



236

<u>STRF</u>

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE F	RELEASE OF FELLO	)WSHIP : <b>STR</b>	<u>(F</u>						
	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.)						
2	236	Ms. Akanksha			Rs.15000/-							
1.	Name	of the Fellow	: Ms. Akanksha									
2.	Enroll	ment No.	: 07140890021									
3.	Month	/Period of fellowship Claimed	:20	from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBAS									
6.	Reside	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 7988103930 Emai	il:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addre	ss 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 five 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 enclo	osed attendance record has been verified for the period from	to and also	
the progress of the S	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

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



Name of the Fellow

: Ms. Akanksha

Enrollment No.

: 07140890021

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

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



237

### <u>STRF</u>

	PRO	FORMA FOR SUBMITTING THI	E CLAIM FOR THE R	RELEASE OF FELLO	OWSHIP : <b>STR</b>	<u>er</u>					
Ś	S.No.	Name of the Fellow	Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Fellowship amount of one	Amount					
			(From Month)	(To Month)	month	(in Rs.)					
2	237	Mr. Allen Roney Ranjan	,	· · · · · · · · · · · · · · · · · · ·	Rs.15000/-						
1.	Name	of the Fellow	: Mr. Allen Roney Ranjan								
2.	Enrollı	ment No.	: 07240890021								
3.	Month	/Period of fellowship Claimed	:20_	from :	to						
4.	Amour	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USBAS								
6.	Reside	ntial Address	:								
			:								
7.	Mobile	e No. & Email ID	: 9871795804 Email:								
8.	Award	Letter No. & date(Copy Attached)									
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	: IFSC Code :								
			: Name of the Bank:								
	Addres	ss 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 five 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 encl	osed 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

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



Name	of	the	Fellow	

#### : Mr. Allen Roney Ranjan

Enrollment No.

: 07240890021

	Fellowship	started Year 20	_		
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	fear 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	fear 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	Tear 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	fear 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Aug       Feb       Aug       Feb       Aug       Feb       Aug       Feb       Feb	FebMarAugSepAugSepFebMarAugSepFebMarFebMarAugSepFebMarFebMarFebMarFebMarFebMarFebMarFebMarFebMarFebMar	FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarAprilAugSepOct.FebSepOct.FebSepOct.FebSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril	AugSepOct.Nov.AugSepOct.Nov.Year 20Year 20MayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayImage: AugSepOct.Nov.FebMarAprilMayImage: AugSepOct.Nov.FebMarAprilMayImage: AugSepOct.Nov.Image: AugSepIma	FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilDecDecFebMarAprilMayJuneYear 20Year 20DecDecFebMarAprilMayJuneYear 20Year 20DecDecFebMarAprilMayJuneYear 20Year 20DecDecFebMarAprilMayJune

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.

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



238

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE F	RELEASE OF FELLO	OWSHIP : STR	<u>(F</u>
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.)
2	38	Ms. Simrandeep kaur	(110hh Wohth)		Rs.15000/-	
1.	Name	of the Fellow	: Ms. Simrandeep kau	ır	1	
2.	Enrollı	ment No.	: 07540890021			
3.	Month	/Period of fellowship Claimed	:20_	from :	to	
4.	Amoui	nt (in Rs.)	:(i	n words):		
5.	Name	of the School	: USBAS			
6.	Reside	ntial Address	:			
			:			
7.	Mobile	e No. & Email ID	: 9582461544 Emai	1:		
8.	Award	Letter No. & date(Copy Attached)	:			
Э.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank:			
	Addres	ss 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 five 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 _	toand 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

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



Name of the Fellow

#### : Ms. Simrandeep kaur

Enrollment No.

: 07540890021

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

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



239

### <u>STRF</u>

	PRO	FORMA FOR SUBMITTING THI	E CLAIM FOR TH	E RI	ELEASE OF FELLC	WSHIP : <b>STR</b>	<u> </u>
S	S.No.	Name of the Fellow	Month/Period of fellowship Claime (From Month)		Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
2	239	Mr. Diwakar Vikram Singh				Rs.25000/-	
1.	Name	of the Fellow	: Mr. Diwakar Vik	ram	Singh		
2.	Enrollı	ment No.	: 05016390021				
3.	Month	/Period of fellowship Claimed	:	20_	from :	to	
4.	Amour	nt (in Rs.)	:	_(in	words):		
5.	Name	of the School	: USEM				
6.	Reside	ntial Address	:				
7.	Mobile	e No. & Email ID	: 9118064099 En	mail			
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)					
10.	Bank A	Account No.	:		IFSC Code :		
			: Name of the Bank	:			
	Addres	ss 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 five 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	d attendance record has been verified for the period from	to and also	
the progress of the Sch	nolar 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

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



Name of the Fellow	: Mr. Diwakar Vikram Singh
Enrollment No.	: 05016390021

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

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>



240

### **STRF**

S.No.	Name of	the F	Fellow	Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Fellowship amount of one	Amount (in Rs.)
240	Mr. Sidha Borah	rth	Narayan	(From Month)	(To Month)	month Rs.15000/-	
1. Name	of the Fellow			: Mr. Sidharth Naraya	an Borah		
2. Enrol	ment No.			: 05116390021			
	/Period of fellow	ship (	Claimed	:20_	from :	to	
	nt (in Rs.)	r -		:(in			
	of the School			: USEM			
	ential Address			:			
0. 100510							
				:			
7. Mobil	e No. & Email ID			: : 6000839754 Emai			
	l Letter No. & dat		nv Attached)	:			
	of the Supervisor	` '	py muunu)				
	Account No.	(3)		:			
10. Dalik				• • Name of the Bank:			
Addre	ss of the Bank						
ereby decl I am a full t I am residin I am not av Bodies or au I am not em I have not a scholarship. as a result	are that : me research scholar o g at address mentioned ailing any other fellow y other industry or fro ployed anywhere. wailed fellowship for	f the U l at Sr. vship, 1 m the 1 five y t <b>obje</b>	SS/Centres of Exc No. 6 above, whic financial assistanc University. rears after admissi	ellence established under Ordi ch is not a government accomm ce, grants, etc from any other ion into the Ph.D. programme regularity is noticed at	nance-35 of the University. nodation. Govt./Public Institutions, or e of the University, includir	from the CSR Funds g IPRF, STRF, JRF/S	of the Corpor RF or any ot
ed :					Signature	e of the Research	Fellow
tified that t	he enclosed atten	lance	record has be	en verified for the perio	od from	to	and also
nrogress (	of the Scholar is	sati	sfactory His/	her fellowship for the	month of	amour	nting to
progress .			Side tory. 1113/				B

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

#### Signature of supervisor with stamp

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



Name	of the	e Fellow

#### : Mr. Sidharth Narayan Borah

Enrollment No.

: 05116390021

Fellowship started Year 20\_\_\_\_\_

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

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





STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELLC	DWSHIP : <b>SIR</b>							
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	241	Ms. Peimi Lungleng			Rs.25000/-							
1.	Name	of the Fellow	: Ms. Peimi Lungleng									
2.	Enroll	ment No.	: 05516390021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amour	nt (in Rs.)	:(in	n words):								
5.	Name	of the School	: USEM									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	: 9643491876 Emai	1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss of the Bank										
ereł		re that :										
		me research scholar of the USS/Centres of Exco	ellence established under Ordi	nance-35 of the University.								

## <u>I he</u>

\* 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 five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other ٠ 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

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



### Name of the Fellow

: Ms. Peimi Lungleng

Enrollment No.

: 05516390021

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

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



242

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE I	RELEASE OF FELLO	DWSHIP : STR	<u>(F</u>					
Ś	S.No.	Name of the Fellow	Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Fellowship amount of one	Amount (in Rs.)					
			(From Month)	(To Month)	month	(111 KS.)					
2	242	Ms. Taruna			Rs.15000/-						
1.	Name	of the Fellow	: Ms. Taruna		•						
2.	Enroll	ment No.	: 05716390021								
3.	Month	/Period of fellowship Claimed	:20	from :	to						
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USEM								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 8826552292 Ema	il:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the Bank: _								
	Addres	ss 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 five 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

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



# Name of the Fellow: Ms. TarunaEnrollment No.: 05716390021

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

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





STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	RELEASE OF FELLO	OWSHIP : <b>STR</b>	F						
S	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.)						
2	243	Mr. Tarun Joshi			Rs.15000/-							
1.	Name	of the Fellow	: Mr. Tarun Joshi									
2.	Enroll	ment No.	: 01820390021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
*		nt (in Rs.)	:(in	:(in words):								
5. Name of the School		of the School	: USMC									
6.	Reside	ential Address	:									
7.	Mobile	e No. & Email ID		1:								
8.	8. Award Letter No. & date(Copy Attached)		:									
<ol> <li>Award Letter No. &amp; date(Copy Attached) :</li> <li>Name of the Supervisor (s) :</li> </ol>			:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss of the Bank										
eret	nv declø	are that :										

#### <u>I h</u>e

\* I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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.
- ٠ I have not availed fellowship for five 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 ha	s 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

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



Name of the Fellow Enrollment No.

: Mr. Tarun Joshi

: 01820390021

		Fellowship	started Year 20	_		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Tear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	fear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	fear 20			]
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Tear 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.

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





<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE	RELEASE OF FELLO	)WSHIP : <b>STR</b>	<u> (F</u>				
5	S.No.	Name of the Fellow	Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Fellowship amount of one	Amount (in Rs.)				
			(From Month)	(To Month)	month	(111103.)				
2	244	Ms. Shikha Shalini			Rs.25000/-					
1.	Name	of the Fellow	: Ms. Shikha Shalini							
2.	Enrollı	nent No.	: 02020390021							
3.	Month	/Period of fellowship Claimed	:2	0 from :	to					
4.	Amou	nt (in Rs.)	:(in words):							
5.	Name	of the School	: USMC							
6.	Reside	ntial Address	:							
			:							
			:							
7.	Mobile	e No. & Email ID	: 9958324722 Em	ail:		· · · · · · · · · · · · · · · · · · ·				
8.	Award	Letter No. & date(Copy Attached)	:							
9.	Name	of the Supervisor (s)	:							
10.	Bank A	Account No.	:	IFSC Code :						
			: Name of the Bank:							
	Addres	ss 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 five 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 encl	losed 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

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



: Ms. Shikha Shalini

Enrollment No.

: 02020390021

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

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>



245

### STRF

		FORM				HE C				LEAS	SE OF F	ELLO	WSHIP :	STRF	•
S.No.		Name of the Fellow				f	ellowsh	Period ip Clair Month	ned	fellow	th/Perioo ship Cla o Month	imed	Fellow amount o mon	of one	Amount (in Rs.)
24	45	Mr. Tapa	Ahmao dar	i Is	htiaqu	e							Rs.150	00/-	
1. 1	Name	of the F	ellow			: N	/Ir. Ahr	nad Isł	tiaque	Тарас	lar			1	
2. I	Enrollı	nent No				: 0	542169	0021							
3. N	Month	/Period	of fellowsl	nip Claiı	med	:_			20	from	n :		to		
4. <i>A</i>	Amour	nt (in Rs	.)			:_			(in	words)	:				
5. ľ	Name	of the So	chool			: U	JSHSS								
6. I	Reside	ntial Ad	dress			:_									
						_									
7. N	Mobile	e No. &	Email ID			: 8	749974	254	Email:						
8. <i>A</i>	Award	Letter 1	No. & date	(Сору А	Attached										
			upervisor (			:									
		Account		,		:				IFS	C Code	:			
A	Addres	s of the	Bank												
I am a I am I I am Bodie I am I I hav schola <b>as a r</b> e	a full tir residing not ava es or any not emp re not ar arship. esult o	at addres iling any y other inc loyed any vailed fell of check	h scholar of t s mentioned s other fellows lustry or fron where. owship for f	at Sr. No. Ship, finar 1 the Univ ive years O <b>bjectio</b>	6 above, w ncial assist rersity. after adm	/hich is ance, gr ission i	not a gov rants, etc nto the P	ernment a from any h.D. prog	other G	dation. ovt./Pub of the U	lic Institut niversity,	tions, or f	IPRF, STI	SR Funds of RF, JRF/SRF Sen to refu	or any ot
U		ine obje									Sig	nature	of the Re	search Fe	llow
							· c· 1	<b>C</b> 1		C					
														and	
														amounti	
		(F	₹s:										_only) r	nay be rele	eased.
onth	Jan.	Feb.	March	A m:1	May	June	July	4120	Sca	Oct	Nov.	Dec.	Total	Total	Balanc
	J all.	100.	wiaten	Aprii	ividy	Juile	July	Aug.	Sep.	Oct.	1100.	Dec.	Leave	Leave	Leave

No. of

Leave

Signature of supervisor with stamp

#### Signature of the Dean with Stamp

30

Availed

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



Name of	the	Fellow

#### : Mr. Ahmad Ishtiaque Tapadar

Enrollment No.

: 05421690021

Fellowship started Year 20\_\_\_\_\_

Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Tear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	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.

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





STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELLC	OWSHIP : STR	<u>(F</u>				
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount				
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)				
			(From Month)	(To Month)	month					
2	246	Mr. Suryakant Yadav			Rs.25000/-					
1.	Name	of the Fellow	: Mr. Suryakant Yada	V						
2.	Enrolli	ment No.	: 05521690021							
3.	Month	/Period of fellowship Claimed	:20_	from :	to					
4.	Amou	nt (in Rs.)	:(ir	n words):						
5.	Name	of the School	: USHSS							
6.	Reside	ntial Address	:							
			:							
			:							
7.	Mobile	e No. & Email ID	: 8299512939 Emai	l:						
8.	Award	Letter No. & date(Copy Attached)	:							
9.	Name	of the Supervisor (s)	:							
10.	Bank A	Account No.	:	IFSC Code :						
			: Name of the Bank:							
	Addres	ss of the Bank								
eret	oy decla	<b>re that :</b>								

<u>I h</u> \* arch scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. am a full time re

٠ 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.

- ٠ I am not employed anywhere.
- I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other ٠ 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 _	toand 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

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



### : Mr. Suryakant Yadav

Enrollment No.

: 05521690021

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

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



24

OMDE

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	RELEASE OF FELLO	DWSHIP : <b>31 R</b>	<u>r</u>						
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	247	Ms. Neha Mandhotra			Rs.15000/-							
1.	Name	of the Fellow	: Ms. Neha Mandhotr	a								
2.	Enrollı	nent No.	: 05621690021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amou	nt (in Rs.)	:(ii	n words):								
5.	Name	of the School	: USHSS									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	: 8010230045 Emai	1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss 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.

٠ 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.
- ٠ I have not availed fellowship for five 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 encl	osed attendance record has been verified for the period from	toand 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

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



### : Ms. Neha Mandhotra

Enrollment No.

: 05621690021

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

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



248

STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE	REL	LEASE OF FELLO	OWSHIP : STR	<u>(F</u>					
S	S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)		Month/Period of ellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)					
2	248	Ms. Tripti Aggarwal				Rs.25000/-						
1.	Name	of the Fellow	: Ms. Tripti Aggarw	al		· · · · · · ·						
2.	Enroll	ment No.	: 05721690021									
3.	Month	/Period of fellowship Claimed	:2	0	_ from :	to						
4.	Amour	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USHSS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9650298172 Em	ail: _								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:		_IFSC Code :							
			: Name of the Bank:									
	Addres	ss 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.

٠ 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.
- ٠ I have not availed fellowship for five 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 Scho	olar 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).



# Name of the Fellow: Ms. Tripti AggarwalEnrollment No.: 05721690021

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

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



249

<u>STRF</u>

	<u>PRO</u>	FORMA FOR SUBMITTING TH	E CLAIM FOR THE	RELEASE OF FELLO	DWSHIP : <b>STR</b>	<u>(F</u>				
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount				
			fellowship Claimed (From Month)	fellowship Claimed (To Month)	amount of one month	(in Rs.)				
	240	Ms. Mansi	(From Monun)	(10 Month)	Rs.15000/-					
	249	MS. Mansi			KS.15000/-					
1.	Name	of the Fellow	: Ms. Mansi							
2.	Enrollı	nent No.	: 05821690021							
3.	Month	/Period of fellowship Claimed	:20	from :	to					
4.	Amour	nt (in Rs.)	:(	in words):						
5.	Name	of the School	: USHSS							
6.	Reside	ntial Address	:							
			:							
			:							
7.	Mobile	e No. & Email ID	:9717523158 Ema	il:						
8.	Award	Letter No. & date(Copy Attached)	:							
9.	Name	of the Supervisor (s)	:							
10.	Bank A	Account No.	:	IFSC Code :						
			: Name of the Bank: _							
	Addres	ss 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 five 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 _	toand 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

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



# Name of the Fellow: Ms. MansiEnrollment No.: 05821690021

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

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.

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





STRF

	PRO	FORMA FOR SUBMITTING THE	E CLAIM FOR THE R	ELEASE OF FELLC	OWSHIP : <b>STR</b>	<u> </u>					
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount					
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)					
			(From Month)	(To Month)	month						
2	250	Ms. Mitali Bhattacharya			Rs.15000/-						
1.	Name	of the Fellow	: Ms. Mitali Bhattacha	irya							
2.	Enroll	ment No.	: 06021690021								
3.	Month	/Period of fellowship Claimed	:20_	from :	to						
4.	Amou	nt (in Rs.)	:(ir	n words):							
5.	Name	of the School	: USHSS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9818119048 Email	l:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)									
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the Bank:								
	Addres	ss of the Bank									
ereł		re that :									
		me research scholar of the USS/Centres of Exce	ellence established under Ordin	nance-35 of the University.							

## <u>I he</u>

\* 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 five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other  $\Leftrightarrow$ 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 encl	osed 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

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



#### : Ms. Mitali Bhattacharya

Enrollment No.

: 06021690021

Fellowship started Year 20\_\_\_\_\_

Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	/ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	/ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	/ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	/ear 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.

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



251

OMDE

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE F	RELEASE OF FELLO	DWSHIP : <b>31 R</b>	<u>r</u>					
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount					
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)					
			(From Month)	(To Month)	month						
2	251	Ms. Sapan Saloni			Rs.15000/-						
1.	Name	of the Fellow	: Ms. Sapan Saloni		•						
2.	Enrollı	nent No.	: 06121690021								
3.	Month	/Period of fellowship Claimed	:20	from :	to						
4.	Amour	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USHSS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 7992317322 Ema	il:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the Bank:								
	Addres	ss 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.

٠ 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.
- ٠ I have not availed fellowship for five 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	ed attendance record has been verified for the period from	to and also
the progress of the Sch	holar is satisfactory. His/her fellowship for the month of	amounting to
Rs (Rs:	۲	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

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



: Ms. Sapan Saloni

Enrollment No.

: 06121690021

		Fellowship	started Year 20	_		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			]
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Ŷ	/ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			]
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Ŷ	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.

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





<u>STRF</u>

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE F	RELEASE OF FELLO	DWSHIP : STF							
S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	252	Ms. Sada			Rs.15000/-							
1.	Name	of the Fellow	: Ms. Sada									
2.	Enroll	ment No.	: 06221690021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amour	nt (in Rs.)	:(i	n words):								
5.	Name	of the School	: USHSS									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	: 7042380692 Emai	il:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)										
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss of the Bank										
eret		re that :										

**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 five 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 verifie	d for the period from to and also
the progress of the Scholar is satisfactory. His/her fellow	wship 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

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



: Ms. Sada

Enrollment No.

: 06221690021

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

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



253

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING THE	E CLAIM FOR THE R	ELEASE OF FELLO	DWSHIP : STR	<u>.F'</u>
S	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.)
2	253	Mr. Yash Goswami	,,,,,		Rs.15000/-	
1.	Name	of the Fellow	: Mr. Yash Goswami		· · · · · · ·	
2.	Enrollı	ment No.	: 06321690021			
3.	Month	/Period of fellowship Claimed	:20_	from :	to	
4.	Amour	nt (in Rs.)	:(in	n words):		
5.	Name					
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	: 9420969052 Emai	1:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank:			
	Addres	ss 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 five 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 encl	osed 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

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



Name of the Fellow Enrollment No. : Mr. Yash Goswami

: 06321690021

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

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



254

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR T	HE R	ELEASE OF FELLC	DWSHIP : STR	<u>(F</u>					
	S.No.	Name of the Fellow	Month/Period fellowship Clain (From Month)	ned	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)					
1	254	Ms. Vidushi Dabas				Rs.25000/-						
1.	Name	of the Fellow	: Ms. Vidushi Da	bas								
2.	Enrollı	ment No.	: 08816690021									
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amour	nt (in Rs.)	:	(ir	words):							
5.	Name	of the School	: USMS									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	: 9540411193	Email	:							
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)										
10.	Bank A	Account No.	:		IFSC Code :							
			: Name of the Bar	nk:								
	Addres	ss 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 five 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 encl	osed 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

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



: Ms. Vidushi Dabas

Enrollment No.

: 08816690021

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

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





STRF

	PRC	FORMA FOR SUBMITTING THE	E CLAIM FOR THE R	ELEASE OF FELLC	DWSHIP : SIF	
S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)
			(From Month)	(To Month)	month	
2	255	Mr. Parashuram			Rs.25000/-	
1.	Name	of the Fellow	: Mr. Parashuram			
2.	Enroll	ment No.	: 19316490021			
3.	Month	/Period of fellowship Claimed	:20_	from :	to	
4.	Amou	nt (in Rs.)	:(ir	n words):		
5.	Name	of the School	: USIC&T			
6.	Reside	ntial Address	:			
			:			
7.	Mobile	e No. & Email ID	: 9650956799 Emai	1:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank:			
	Addres	ss of the Bank				
eret		re that :				

<u>I h</u> \* I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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 five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other ٠ 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	toand 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

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



Name of the Fellow Enrollment No. : Mr. Parashuram

: 19316490021

		Fellowship	started Year 20	_		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			]
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	fear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			]
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Tear 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.

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



256

OMDE

### <u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	RELEASE OF FELLO	DWSHIP : STR							
S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	256	Mr. Manvendra Singh			Rs.15000/-							
1.	Name	of the Fellow	: Mr. Manvendra Singh									
2.	Enrollı	ment No.	: 19516490021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USIC&T									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8700812344 Emai	1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss 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 five 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 enclose	ed attendance record has been verified for the period from	to and also
the progress of the Sc	cholar is satisfactory. His/her fellowship for the month of	amounting to
Rs (R	ls:	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

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



Name	of	the	Fellow	
		-	_	

#### : Mr. Manvendra Singh

Enrollment No.

: 19516490021

		Fellowship	started Year 20	_		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Ŷ	Year 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	/ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	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.

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



257

**STRF** 

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE F	RELEASE OF FELLO	DWSHIP : <b>STR</b>	<u>er</u>						
, in the second se	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.)						
2	257	Ms. Isha			Rs.25000/-							
1.	Name	of the Fellow	: Ms. Isha									
2.	Enrollı	ment No.	: 19816490021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amour	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USIC&T									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9588721995 Emai	l:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss 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 five 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 enclo	osed 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

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



: Ms. Isha

Enrollment No.

: 19816490021

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

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



258

OMDE

### <u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	RELEASE OF FELLC	DWSHIP : STF							
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
1	258	Mr. Lalit Kr. Narayan			Rs.25000/-							
1.	Name	of the Fellow	: Mr. Lalit Kr. Narayan									
2.	Enrollı	nent No.	: 20216490021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amou	nt (in Rs.)	:(ii	n words):								
5.	Name	of the School	: USIC&T									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	: 9871125104 Emai	1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss 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 five 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	toand 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

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



# Name of the Fellow: Mr. Lalit Kr. NarayanEnrollment No.: 20216490021

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

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





<u>STRF</u>

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE	RELEASE OF FELLO	DWSHIP : STF	<u>(F</u>
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)
			(From Month)	(To Month)	month	
2	259	Mr. Krishan Kumar			Rs.25000/-	
1.	Name	of the Fellow	: Mr. Krishan Kuma	r	•	
2.	Enroll	ment No.	: 20816490021			
3.	Month	/Period of fellowship Claimed	:20	from :	to	
4.	Amou	nt (in Rs.)	:(	in words):		
5.	Name	of the School	: USIC&T			
6.	Reside	ential Address	:			
			:			
7.	Mobile	e No. & Email ID	: 8708526186 Ema	il:		
8.	Award	Letter No. & date(Copy Attached)				
9.	Name	of the Supervisor (s)				
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank: _			
	Addre	ss of the Bank				
eret		are that :				

### **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 five 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	ed for the period fromto and also
the progress of the Scholar is satisfactory. His/her fello	owship 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

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



: Mr. Krishan Kumar

Enrollment No.

: 20816490021

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

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



260

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	RELEASE OF FELLO	DWSHIP : STR	<u>.F</u>						
S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
2	260	Ms. Shivani Lahoti			Rs.25000/-							
1.	Name	of the Fellow	: Ms. Shivani Lahoti		· · · · · · ·							
2.	Enroll	ment No.	: 08416590021									
3.	Month	/Period of fellowship Claimed	:20_	from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USLLS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9582193509 Emai	1:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	ss 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 five 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 enclose	ed attendance record has been verified for the period from	to and also
the progress of the Sc	cholar is satisfactory. His/her fellowship for the month of	amounting to
Rs (R	ls:	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

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



: Ms. Shivani Lahoti

Enrollment No.

: 08416590021

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

STRF

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



S	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount
			fellowship Claimed (From Month)	fellowship Claimed (To Month)	amount of one month	(in Rs.)
2	261	Ms. Udhaya Karthika			Rs.15000/-	
Ι.	Name	of the Fellow	: Ms. Udhaya Karthi	ka		
2.	Enroll	ment No.	: 08516590021			
3.	Month	/Period of fellowship Claimed	:20	) from :	to	
4.	Amou	nt (in Rs.)	:(	in words):		
5.	Name	of the School	: USLLS			
5.	Reside	ential Address	:			
			:			
			:			
7.	Mobil	e No. & Email ID	: 9773857760 Ema	iil:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)				
10.	Bank	Account No.		IFSC Code :		
			: Name of the Bank: _			
	Addre	ss of the Bank				

I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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 five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other ٠ 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 encl	losed attendance record has been verified for the period from	toand 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

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



Name of the Fellow
Enrollment No.

#### : Ms. Udhaya Karthika

: 08516590021

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

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





<u>STRF</u>

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELLO	DWSHIP : STR	<u>(F</u>
5	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)
			(From Month)	(To Month)	month	
2	262	Ms. Shireen Singh			Rs.25000/-	
1.	Name	of the Fellow	: Ms. Shireen Singh			
2.	Enroll	ment No.	: 08616590021			
3.	Month	/Period of fellowship Claimed	:20_	from :	to	
4.	Amou	nt (in Rs.)	:(ir	n words):		
5.	Name	of the School	: USLLS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	: 9999400000 Emai	1:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank:			
	Addres	ss of the Bank				
orok	w doolo	we that .				

#### 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 five 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 _	toand 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

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



: Ms. Shireen Singh

Enrollment No.

: 08616590021

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

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.

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



263

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING THE	E CLAIM FOR THE R	ELEASE OF FELLO	WSHIP : <b>STR</b>	F
S	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.)
1	263	Ms. Pragya Gupta	, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	Rs.15000/-	
1.	Name	of the Fellow	: Ms. Pragya Gupta			
2.	Enrollı	nent No.	: 08716590021			
3.	Month	/Period of fellowship Claimed	:20_	from :	to	
4.	Amou	nt (in Rs.)	:(in	n words):		
5.	Name	of the School	: USLLS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID		l:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code :		
			: Name of the Bank:			
	Addres	ss 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 five 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 _	toand 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

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



: Ms. Pragya Gupta

Enrollment No.

: 08716590021

May June Nov. Dec May June May June Nov. Dec
May     June       Nov.     Dec
May     June       Nov.     Dec
-
May June
Nov. Dec
May June
Nov. Dec
-
May June
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.

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



264

### <u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	RELEASE OF FELLO	OWSHIP : <b>STR</b>	<u>er</u>					
S	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.)					
2	264	Ms. Anindya Prosad Konar	()	()	Rs.25000/-						
1.	Name	of the Fellow	: Ms. Anindya Prosad	Konar							
2.	Enrollı	nent No.	: 09016590021								
3.	Month	/Period of fellowship Claimed	:20_	from :	to						
4.	Amour	nt (in Rs.)	:(ii	n words):							
5.	5. Name of the School		: USLLS								
6.	Reside	ntial Address	:								
			:								
			:		· · · · · · · · · · · · · · · · · · ·						
7.	Mobile	e No. & Email ID	: 9064084192 Emai	1:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)									
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the Bank:								
	Addres	ss 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 five 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 enclo	osed attendance record has been verified for the period from	toand also
the progress of the S	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

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



Name of	the	Fellow

#### : Ms. Anindya Prosad Konar

Enrollment No.

: 09016590021

Fellowship started Year 20\_\_\_\_\_

Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	/ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	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.

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



265

OMDE

STRF

	<u>PRO</u>	FORMA FOR SUBMITTING TH	E CLAIM FOR THE F	RELEASE OF FELLO	DWSHIP : <b>31 F</b>							
	S.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount						
			fellowship Claimed	fellowship Claimed	amount of one	(in Rs.)						
			(From Month)	(To Month)	month							
	265	Ms. Shabana Khan			Rs.15000/-							
1.	Name	of the Fellow	: Ms. Shabana Khan									
2.	Enrollı	nent No.	: 09216590021									
3.	Month	/Period of fellowship Claimed	:20	from :	to							
4.	Amour	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USLLS									
6.	Reside	ntial Address	:									
7.	Mobile	e No. & Email ID	: 9315529846 Emai	il:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10	. Bank A	Account No.	:IFSC Code :									
			: Name of the Bank:									
	Addres	ss 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.

٠ 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.
- ٠ I have not availed fellowship for five 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 encl	osed 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

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



: Ms. Shabana Khan

Enrollment No.

: 09216590021

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