Fellowship ID 149

STRF - 2021

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S	.No.		Name of	the Fell	ow	f		Period of the Pe			th/Perio ship Cla		Fellow amount	^	Amour (in Rs.			
						1		Month			o Month		mor	I	(III Its)	,		
1	49	Ms. J	ayita B	iswas									Rs.150	000/-				
1.	Name	of the Fo	ellow			: N	As. Jayi	ita Bisw	as									
2.	Enroll	ment No				: 9	007405	0114										
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to					
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					_		
5.	Name	of the So	chool			: U	JSEM											
6.	Reside	ntial Ad	dress													-		
						:_										-		
			Email ID	. ~														
			No. & date	`	Attache	_										-		
			upervisor	(s)												-		
10.	Bank A	Account	No.				:IFSC Code : : Name of the Bank:											
		0.1	D 1													-		
	Addre	ss of the	Bank													-		
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				1	ممالسم	. 1	:C: 1	f.,, 41, .		£	_							
			sed attend															
			cholar is Rs:		nory. r	11S/HeI	lellows	silip Tol	the	monui			only) :					
		(1	w										omy)	may be re	neased.			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed				
No. of Leave													30					
_		-	r with sta	-							1	Signati	ure of the	e Dean w	ith Stam)		
Recomm Rs.	nended	and f	orwarded	to re	lease 1	the fe	llowship	o amou	unt o	f Rs.				on!	ly).			

Fellowship ID	
149	

Name of the Fellow : **Ms. Jayita Biswas**Enrollment No. : **90074050114**

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

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

Fellowship ID **150**

STRF - 2021

S	S.No. Name of the Fellow							Period			Month/Period of lowship Claimed amount of one (in Rs.)				
						10		ip Clain Month			snip Cia 5 Month		amount	I	(in Rs.)
1	L 50	Ms. S	unita Bi	isht				,				,	Rs.150		
 1.	Name	of the Fe	ellow			: N	As. Sun	ita Bish	ıt						
2.		ment No				: 9	007105	1215							
3.	Month	/Period	of fellowsl	hip Claim	ned	:			20	froi	n :		to		
4.		nt (in Rs		1											
5.		of the So	,				JSEM			,					
6.	Reside	ential Ad	dress			:									
7.	Mobil	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy At	ttache										
9.	Name	of the Si	apervisor ((s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or and not employee not a local plant of the content of the c	y other ind ployed any vailed fell	lustry or from where. owship for t	n the Universive years a objection	rsity. ıfter adn	nission ii	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance reco	rd has	been v	verified	for the	period	l from _		t	o	ar	nd also
			cholar is												
Rs		(F	Rs:										only) 1	may be rel	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1												ı		
Signatu	re of su	ıperviso	r with sta	mp							;	Signatı	ire of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rele	ease tl	he fel	llowship	o amoi	int of	f Rs.					
(Rs														only	7).

Fellowship ID										
150										

Name of the Fellow : **Ms. Sunita Bisht**Enrollment No. : **90071051215**

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

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

Fellowship ID **151**

STRF - 2021

			Name of												
S	S.No.							Month/Period of Fellowship Amount llowship Claimed amount of one (in Rs.)							
						f		np Clain Month			shıp Cla o Month		amount mon		(in Rs.)
1	151	Mr. C	hindu (Chandr	an		(From	I IVIOIIII	,	(1)	o ivioiti.	9	Rs.150		
 1.	Nama	of the Fo	allow			· N	Ir Chi	ndu Ch	andra	<u> </u>					
1. 2.		ment No					11. Cm 006105		anui a	11					
				1. 61.	,			_	20	C					
3.			of fellows	nip Ciaii	mea										
4.		nt (in Rs							(1n	words)	:				
5.		of the So					JSEM								
6.	Reside	ential Ad	dress			:_									
						:_									
7	Mr. 1.31	. NT. 0	E !1 ID												
7.			Email ID	(C	A 441										
8.			No. & date		Attacne										
9.			apervisor	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity.	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	.o	an	d also
the prog	gress o	of the S	cholar is	satisfac	ctory. F	lis/her	fellows	ship for	the 1	month	of			amount	ing to
Rs		(F	Rs:										only) 1	nay be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	ımp							;	Signatı	ire of the	Dean wit	th Stamp
Ü		•	orwarded	•	lease t	he fel	lowshir	o amoi	ınt of	f Rs.		<i>a</i>		.,	r
(Rs														only	

Fellowship ID											
151											

Name of the Fellow : Mr. Chindu Chandran

Enrollment No. : **90061051215**

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

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

Fellowship ID **152**

STRF - 2021

S	.No.		Name of	the Fello	ow		Month/ ellowsh	Period			h/Perio			wship		Amount
						1		ip Clain Month			ship Cla o Montl		amount mo	nth	((in Rs.)
1	52	Ms. S	andhya	Bhat								,	Rs.15	000/-		
1.	Name	of the Fe	ellow			: N	As. San	dhya B	hat							
2.	Enroll	ment No					006705	•								
3.	Month	/Period	of fellows	hip Clai	med	:			20	froi	n :		to			
4.	Amou	nt (in Rs	.)													
5.	Name	of the So	chool				JSEM									
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy A	Attache	d) :_										
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: N	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
Bod I am I har scho If as a r	ies or an not emp ve not a blarship. result of	y other incolored any vailed fell of check the obje	lustry or from where. owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, S'	ΓRF, JRF/	SRF o	e Corporate or any other d, adjust
			sed attend													
			cholar is		ctory. F	His/her	fellows	ship for	the	month						
Rs		(F	Rs:										only)	may be	relea	sed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30			
Signatuı	re of su	ıperviso	r with sta	amp	<u>. </u>							Signatı	ure of th	e Dean	with	Stamp
Recomm Rs.	ended	and f	orwarded	to re	lease t	the fe	llowship	o amoi	unt o	f Rs.				Oi	nly).	_

Fellowship ID	
152	

Name of the Fellow : Ms. Sandhya Bhat Enrollment No. : 90067051215

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

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

Fellowship ID **153**

STRF - 2021

S	.No.		Name of	the Fello	ow	f	Month/ ellowsh	Period in Clair			th/Perio ship Cla			wship t of one		Amount (in Rs.)
								Month			o Month			nth		
1	.53	Mr. R	ahul Si	narma									Rs.15	000/-		
1.	Name	of the Fe	ellow			: N	Ar. Rah	ul Shai	rma							
2.	Enroll	ment No				: 9	006505	1215								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSEM									
6.	Reside	ential Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	l Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Su	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
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			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the	month						
Rs		(F	Rs:										only)	may be	relea	ised.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Avail	/e	Balance Leave
No. of Leave													30			
		_							1	1	•	~•		_		
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Recomm (Rs.	nended	and f	orwarded	to re	iease 1	tne te	ııowshıţ	o amoi	unt o	ı Ks.				0	nly).	_

Fellowship ID	
153	

Name of the Fellow : **Mr. Rahul Sharma**Enrollment No. : **90065051215**

Fellowship started Year 20

		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	
	I	Y	ear 20		I	
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	
		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.

Fellowship ID **154**

STRF - 2021

S	S.No.		Name of	W			Period			Month/Period of Fellowship Amount lowship Claimed amount of one (in Rs.)					
						I		ip Clain Month			snıp Cia 5 Month		amount		(in Rs.)
1	L54	Ms. S	ugandh	Singh				,				,	Rs.150		
1.	Name	of the Fe	ellow			: N	As. Sug	andh Si	ingh						
2.	Enroll	ment No					231609		0						
3.	Month	/Period	of fellows	hip Clain	ned	:			20	froi	n :		to		
4.		nt (in Rs		•											
5.	Name	of the So	chool				JSBT		`	ĺ					
6.	Reside	ntial Ad	dress			:_									
7.	Mobil	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	apervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Solution Here I am Book I am Soch If as a	m not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or fror where. owship for	ship, finand in the University five years	cial assis ersity. after adn	tance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other Tund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance reco	ord has	been	verified	for the	period	l from _		t	.o	ar	nd also
			cholar is												
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1	1	1				1	l		1	l	<u> </u>	L	1	
Recomn		•	r with sta	•	ease ti	he fel	llowshij	o amou	ant of	f Rs.		Signatı	ire of the		th Stamp
(Rs														only	y).

Fe	llowship ID	
	154	

Name of the Fellow : Ms. Sugandh Singh

Enrollment No. : **02316091117**

Jan

July

Feb

Aug

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

Fellowship started Year 20

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.

April

Oct.

Year 20

Mar

Sep

Signature of the Research Fellow

June

Dec

May

Nov.

Fellowship ID **155**

STRF - 2021

(Rs.	minitueu	ana 1	oi waiucu	. 10 10	ioase li	101	iio w siiil	, апто	411t U	. 100.				onl	y).
		_	or with sta	_	lease th	ne fel	llowshir) amoi	ınt o	f Rs		_			ith Stamp
No. of Leave													30		
Montl		Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
			Rs:		логу. П	.15/ HCI	ichows	mb 101	uic	monui				_ amount	
			sed attend												
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8.	Award	l Letter I	No. & date	e(Copy A	Attached										
7.	Mobil	e No. &	Email ID												
6.	Reside	ential Ad	ldress												
5.	Name	of the So	chool				JSBT		`						
4.		nt (in Rs		mp Clan	ineu										
2. 3.		ment No	o. of fellows	hin Clair	med		211609		20	froi	n·		to		
1.		of the Fe					As. Par								
	155		arneeta										Rs.150	JUU/ -	
		N/				10		ip Clain Month			ship Cla o Month		amount mor	ıth	(in Rs.)
	S.No.		Name of	the Fello	ow			Period			th/Perio	I	Fellow	. ^	Amount

166	Fellowship ID													
199	155													

Name of the Fellow : Ms. Parneeta
Enrollment No. : 02116091117

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

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

Fellowship ID **156**

STRF - 2021

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No. o Leav													30		
Mon		Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
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			Rs:		wiy. II	13/1101	ichows	emb 101	uic	month			only) 1		
			sed attend cholar is												
	d:														
I her	Addree Addree Addree Addree Addree Addree I am a full ti I am residin I am not av Bodies or ar I am not em I have not a scholarship. a result egularize	of the So Account ess of the are that ime research g at addres ailing any ny other ind ployed any availed fell of check the obje	Bank	(s) The USS/C at Sr. No. yship, finar m the Univ five years objection	Centres of F 6 above, w icial assist versity. after adm	: :_N Exceller which is ance, gr	Name of	ished undernment a from any	er Ordina ccommo other G	IFS0	of the Unitic Institutioniversity,	eversity.	from the Co	SR Funds o	of the Corporate RF or any other fund, adjust
7 8			No. & date	e(Copy A	Attached										
7	/ Mahil	a Na Pr	Email ID			:_									
6	. Resido	ential Ad	ldress												
5	. Name	of the Se	chool				JSBAS								
4		nt (in Rs		mp ciun	illeu										
3			o. of fellows	ship Clair	med			_	20	froi	n :		to		
1		of the Fo					As. Nee 008609								
L													100.100	,00,-	
	156	Ms. N	I o o t 11					Month			o Month		mon	th	(165.)
	S.No.		Name of	the Fello	ow	f		Period of the contract of the			h/Perio ship Cla		Fellow	. *	Amount (in Rs.)

_	Fellowship ID
156	156

Name of the Fellow : **Ms. Neetu**Enrollment No. : **90086091215**

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

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

Fellowship ID **157**

STRF - 2021

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

S	.No.		Name of	the Fell	ow			Period of the Pe			h/Perio			wship		Amount
						1		ip Clain Month	I		ship Cla o Month		amount mo	nth	((in Rs.)
1	.57	Ms. A	ashima	Bangi	a							/	Rs.15	000/-		
1.	Name	of the Fe	ellow			: N	As. Aas	hima B	angia							
2.	Enroll	ment No					014089		0							
3.	Month	/Period	of fellows	ship Clai	med	:			20	froi	n :		to			
4.	Amou	nt (in Rs	.)	_												
5.	Name	of the So	chool				JSBAS									
6.	Reside	ntial Ad	dress			:_										
			Email ID													
			No. & date	`	Attache	_										
			upervisor	(s)												
10.	Bank A	Account	No.													
		0.1	D 1													
		ss of the	Bank													
 I am Bod I am School I ha school If as a roor regulation 	n not availies or an not employe not a plarship.	ailing any y other inco bloyed any vailed fell of check the obje	lustry or from where, owship for or audit cted amo	whip, final m the University five years	ncial assis versity. after adı	stance, g	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, S'	TRF, JRF/	SRF o	e Corporate or any other d, adjust
Dated :_											Sig	nature	of the R	Research	Fell	ow
Certified	l that tl	ne enclos	sed attend	lance rec	ord has	s been	verified	for the	period	from		1	to		and	also
the prog	gress o	of the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the	month	of			amou	nting	g to
Rs		(F	Rs:										only)	may be	relea	sed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30			
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_		-	r with sta	-							1	Signati	ure of th	e Dean	with	Stamp
Recomm (Rs.	nended	and f	orwarded	to re	lease 1	the fe	llowship	o amou	int of	f Rs.				Oi	nly).	_

Fellowship ID	
157	

Name of the Fellow : Ms. Aashima Bangia

Enrollment No. : **00140894516**

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

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

Fellowship ID **158**

STRF - 2021

S	S.No.		Name of	the Fello	W			Period	I .		h/Perio		Fellov	-	Amou	
						1		ip Clain Month			ship Cla o Month		amount mor		(in R	s.)
1	158	Ms. V	arsha D	uhoon									Rs.150	000/-		
1.	Name	of the Fe	ellow			: N	Is. Var	sha Du	hoon							
2.	Enroll	ment No) .			: 0	034089	4516								
3.	Month	/Period	of fellowsl	hip Clain	ned	:_			20	from	n :		to			_
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool				JSBAS									
6.	Reside	ential Ad	ldress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_										_
9.	Name	of the Si	upervisor ((s)												
10.	Bank A	Account	No.			:_				IFSO	C Code	:				
						: N	Name of	the Bar	nk:							_
	Addre	ss of the	Bank													_
* I an * I ha sche If as a or regular	dies or an not empaye not a lolarship. result ollarize	y other incolored any vailed fell of check the obje	owship for to or audit octed amou	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	includin	g IPRF, ST	RF, JRF/S	RF or any	other
Dated:											Sig	nature	of the R	esearch l	Fellow	
Certified	l that tl	ne enclo	sed attenda	ance reco	ord has	been	verified	for the	period	l from _		1	.o	a	nd also	
the prog	gress o	of the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			_ amoun	ting to	
Rs		(F	Rs:										only)	may be re	eleased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Lea	ance
No. of Leave													30			
	•													•		
Signatu	re of su	ıperviso	r with sta	mp							;	Signatı	ire of the	e Dean w	ith Stan	np
Recomm (Rs.	nended	and f	orwarded	to rele	ease t	he fel	llowshij	o amou	int o	f Rs.				onl	y).	

Fellowship ID	
158	

Name of the Fellow : Ms. Varsha Duhoon

Enrollment No. : **00340894516**

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

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

Fellowship ID **159**

STRF - 2021

S	.No.		Name of	the Fello	ow			Period of the Pe			th/Perio		Fellow amount	-	Amoi	
						1		Month			o Month		mor	1	(in R	s.)
1	.59	Ms. S	aima N	az						`			Rs.150	000/-		
1.	Name	of the Fo	ellow			: N	As. Sair	na Naz								
2.	Enroll	ment No) .			: 9	008809	1215								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			_
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSBAS									
6.	Reside	ential Ad	ldress													
						:_										
7.			Email ID													
8.			No. & date	`	Attache	ed) :_										_
			upervisor	(s)												
10.	Bank A	Account	No.													
																_
	Addre	ss of the	Bank													_
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			sed attend	lom oo moe	and ha	. h	vanifiad	for the	mania d	from						
			sed attend cholar is													
			Rs:		7.001 y. 1	115/1101	ichows	siiip ioi	tile i	monun			only) :			
		(1											omy)	may be iv	reasea.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Lea	ance ave
No. of Leave													30			
			*/1									G.		D	• A C:	
_		-	r with sta	-	1	41	11 1. '			c D.		Signati	ure of the	e Dean w	ith Stan	ар
Recomn (Rs.	iended	ana I	orwarded	io re	iease	10 IC	nowsnij	amol	ant 01	ı KS.				on	lv).	

Fellowship ID	
159	

Name of the Fellow : Ms. Saima Naz
Enrollment No. : 90088091215

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

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

Fellowship ID **160**

STRF - 2021

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	-	Amount
						I I		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
1	L 60	Ms. G	arima C	Chanan	a								Rs.150		
 1.	Name	of the Fe	ellow			: N	As. Gar	ima Ch	anana	<u> </u>					
2.	Enroll	ment No).			: 0	204089	0517							
3.	Month	/Period	of fellows	hip Clain	ned	:			20	fror	n :		to		
4.	Amou	nt (in Rs	.)	•											
5.	Name	of the So	chool				JSBAS								
6.	Reside	ential Ad	ldress			:_									
7.	Mobile	e No. &	Email ID			: 9	717204	471	Email:						
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	upervisor ((s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code :	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sign	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance reco	ord has	been	verified	for the	period	from _		t	0	an	ıd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the 1	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	ımp							\$	Signatu	ire of the	Dean wit	th Stamp
Recomn	nended	and f	orwarded	to rele	ease t	he fel	llowshij	o amoi	ınt of	f Rs.	-				
(Rs														only	7).

Fellowship ID	
160	

Name of the Fellow : Ms. Garima Chanana

Enrollment No. : **02040890517**

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

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

Fellowship ID 161

STRF - 2021

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

S	.No.		Name of	the Fello	ow	f	ellowsh	Period of the Pe	ned	fellow	th/Perio ship Cla o Month	imed	Fellow amount mon	of one	Amoun (in Rs.)
1	61	Ms. T	ʻanuja S	harma								,	Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	As. Tan	uja Sha	rma						
2.	Enroll	ment No				: 0	272169	0018							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	m :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSHSS								
6.	Reside	ential Ad	ldress			:_ :									
7.	Mobile	e No. & 1	Email ID			:_									
8.	Award	l Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	upervisor	(s)											
10.	Bank A	Account	No.			:				IFS	C Code	:			
	Addre	ss of the	Bank												
I ha scho f as a i r regu	ve not a plarship. result (larize	of check the obje	owship for or audit	objectio							stage, a	ction v		ken to re	RF or any of fund, adju
			sed attend												
			cholar is		ctory. I	lis/her	fellows	ship for	the	month	of				
·		(F	Rs:										only) 1	may be re	eleased.
onth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balanc Leave
o. of eave													30		
gnatuı	re of su	ıperviso	r with sta	атр							;	Signati	ure of the	e Dean w	ith Stamp
comm	ended	and f	orwarded	to re	lease 1	the fe	llowshij	o amoi	int o	f Rs.				onl	

Fellowship ID	
161	

Name of the Fellow : Ms. Tanuja Sharma

Enrollment No. : **02721690018**

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

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

Fellowship ID **162**

STRF - 2021

S	.No.		Name of	the Fell	ow	f		Period of the Pe			th/Perio	I	Fellov amount			mount n Rs.)
						1		Month			o Month		moi		(11	110.)
1	62	Ms. T	`anvi Ga	ırg									Rs.15	000/-		
1.	Name	of the Fo	ellow			: N	As. Tan	vi Garg	3			I				
2.	Enroll	ment No				: 0	292169	0018								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSHSS									
6.	Reside	ntial Ad	ldress													
						:_										
			Email ID													
			No. & date	`	Attache	ed) :_										
			upervisor	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
Bod I am I ha scho If as a i or regu	lies or an not empore not a plarship. result of larize to	y other ind bloyed any vailed fell of check	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	including	g IPRF, ST	FRF, JRF/S ken to re	SRF or e fund	any other
			sed attend	lom oo moe	and ha	a haan i	vanifiad	for the	m omiod	l fuam						
			sed attend cholar is													
			enoiai is es:		7101 y. 1	118/1101	lenows	siiip 10i	i the	momm			only)			
		(1											omy)	may oc i	cicasc	.u.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	,	Balance Leave
No. of Leave													30			
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_		-	r with sta	-								Signatı	ure of th	e Dean w	ith S	tamp
Recomm Rs.	ended	and f	orwarded	to re	lease	the fe	llowship	o amoi	unt o	f Rs.				on	ly).	

162	Fe	llowship ID	
		162	

Name of the Fellow : Ms. Tanvi Garg
Enrollment No. : 02921690018

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

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

Fellowship ID **163**

STRF - 2021

															_	
S	.No.		Name of	the Fello	ow			Period of the Pe			th/Perio ship Cla		Fellow amount	^		nount
						1		Month			o Month		mor		(III	Rs.)
1	.63	Ms. S	hivani :	Raj				,					Rs.150	000/-		
1.	Name	of the Fe	ellow			: N	As. Shiv	vani Ra	j							
2.	Enroll	ment No				: 0	351609	0019								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	froi	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSBT									
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	apervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
Bod ❖ I am ❖ I ha scho If as a i	lies or an n not emp eve not a plarship. result of larize	y other incolored any vailed fell of check the obje	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/S ken to re	RF or a	any other
											_					
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the	month						
Rs		(F	Rs:										only)	may be re	elease	d.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed]	Balance Leave
No. of Leave													30			
		1			1				1	T.			•			
_		-	r with sta	-	_	_					1	Signatı	ure of the	e Dean w	ith St	amp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship 	o amou	unt o	t Rs.				on	ly).	

Fellowship ID	
163	

Name of the Fellow : **Ms. Shivani Raj**Enrollment No. : **03516090019**

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

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

Fellowship ID 164

STRF - 2021

S	.No.		Name of	the Fello	ow	f		Period of the Pe			th/Perio ship Cla		Fellov amount	_		mount in Rs.)
							(From	Month)	(Te	o Month	1)	moi			
1	64	Ms. P	riya Jh	a									Rs.15	000/-		
1.	Name	of the Fe	ellow			: N	As. Priy	a Jha								
2.	Enroll	ment No				: 0	454089	0019								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSBAS									
6.	Reside	ntial Ad	ldress													
_						:_										
			Email ID													
			No. & date	`	Attache	ed) :_										
			upervisor	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
Bod I am I ha scho If as a r or regul	ties or and not empty ve not a plarship. result of larize	y other ind bloyed any vailed fell of check	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	FRF, JRF/S ken to r	SRF or	r any other
				1			:6:	f 41		£	Ü					
			sed attend													
			cholar is		ctory. 1	11S/ner	Tellows	snip 101	r the	montn						
\s		(F	Rs:										only)	may be i	eieas	eu.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	2	Balance Leave
No. of Leave													30			
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Recomm Rs.	ended	and f	orwarded	to re	lease	the fe	llowship	o amoi	unt of	f Rs.				or	ıly).	-

161	Fellowship ID
104	164

Name of the Fellow : Ms. Priya Jha
Enrollment No. : 04540890019

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

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

Fellowship ID 165

STRF - 2021

															_
S	.No.		Name of	the Fell	ow	f	Month/ ellowsh	Period o			h/Perio ship Cla	I	Fellow amount		Amount (in Rs.)
						'		Month			o Month		mon	I	(111 133.)
1	65	Ms. D	eepika	Gupta									Rs.150	000/-	
1.	Name	of the Fo	ellow			: N	As. Dee	pika Gı	upta			I		<u> </u>	
2.	Enroll	ment No				: 0	404089	0019							
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSBAS								
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	Letter N	No. & date	e(Copy A	Attache	ed) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: 1	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod ❖ I am ❖ I ha scho If as a i	lies or an n not emp eve not a plarship. result of larize	y other incolored any vailed fell of check the obje	lustry or from where, owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/Sl ken to re	of the Corporate RF or any othe fund, adjust
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			sed attend												
			cholar is		ctory. I	11S/ner	Tellows	ship Ioi	the i	month					
KS		(F	Rs:										only) :	may be re	neaseu.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
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Recomm (Rs.	іепаеа	апа 1	orwarded	io re	iease 1	ше те	nowsnij	amol	ını o	ı KS.				onl	 ly).

165	

Name of the Fellow : Ms. Deepika Gupta

Enrollment No. : **04040890019**

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

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

Fellowship ID 166

STRF - 2021

S	.No.		Name of	the Fell	ow	f	Month/ ellowsh	Period			th/Perio		Fellov amount	-		mount in Rs.)
						1		Month			o Month		mo		,	111 103.)
1	.66	Ms. A	njali Sa	ini									Rs.15	000/-		
1.	Name	of the Fo	ellow			: N	As. Anj	ali Sain	i							
2.	Enroll	ment No				: 0	394089	0019								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSBAS									
6.	Reside	ential Ad	ldress													
7	36.17	N 0	F '1 ID			:_										
			Email ID	46												
8.			No. & date	`	Attache	_										
			upervisor	(s)												
10.	Bank A	Account	No.													
	A 11	C.1	D 1													
		ss of the	Bank													
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			sed attend													
			cholar is		ctory. 1	HIS/ner	iellows	snip 10i	r the	montn						
NS		(r	Rs:										only)	may be	cicas	scu.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30			
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Fellowship ID	
166	

Name of the Fellow : Ms. Anjali Saini
Enrollment No. : 03940890019

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

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

Fellowship ID **167**

STRF - 2021

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Fellowship ID	
167	

Name of the Fellow : **Ms. Neshtha Dev**Enrollment No. : **04340890019**

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

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

Fellowship ID 168

STRF - 2021

S	S.No.		Name of	the Fello	ow	f	ellowsh	Period ip Clain Month	ned	fellows	h/Period ship Cla o Month	imed	Fellow amount mor	of one	Amount (in Rs.)
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4.		nt (in Rs		1											
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6.	Reside	ential Ad	dress												
7.	Mobile	e No. & 1	Email ID			:_									
8.	Award	l Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
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Recomm (Rs.	nended	and f	orwarded	to re	lease t	the fel	llowship	o amoi	unt of	f Rs.				onl	y).

Fellowship ID										
168										

Name of the Fellow : Ms. Kanika Tyagi
Enrollment No. : 05616590019

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

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

Fellowship ID 169

STRF - 2021

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	169	Divya	Singh										Rs.150	000/-	
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	S.No.		Name of	the Fell	NIV.		Month	Pariod	of	Mont	h/Dorio	1 of	Fallow	chin	Amount

Fellowship ID	
169	

Name of the Fellow : Divya Singh
Enrollment No. : 03716390020

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

Fellowship ID 170

STRF - 2021

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2.	Enroll	ment No				: 0	381639	0020							
1.	Name	of the Fe	ellow			: P	Pragya l	Pandey							
1	70	Pragy	a Pand	ey					,			/	Rs.150	000/-	
S	.No.		Name of	the Fello)W	- 1	ellowsh	Period of the Pe	ned	fellows	th/Perionship Cla	imed	Fellow amount	of one	Amount (in Rs.)
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Fellowship ID	
170	

Name of the Fellow : Pragya Pandey
Enrollment No. : 03816390020

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

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

Fellowship ID 171

STRF - 2021

S	.No.		Name of	the Fello	ow	f		Period of the Pe			th/Perio	I	Fellow amount	^	Amount (in Rs.)	
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1	71	Diksh	ıa										Rs.150)00/-		
1.	Name	of the Fo	ellow			: Г	Diksha					I				
2.	Enroll	ment No				: 0	401639	0020								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSEM									
6.	Reside	ntial Ad	ldress			:_										
						:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy A	Attache											
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.													
	: Name of the Bank:															
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Dated :_											Sig	nature	of the Ro	esearch I	Fellow	
Certified	l that tl	ne enclo	sed attend	lance rec	ord has	s been	verified	for the	period	from _		1	.0	a	nd also	
the prog	gress o	f the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the	month	of			amoun	ting to	
Rs		(F	Rs:										only) ı	may be re	eleased.	
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No. of Leave													30			
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Fellowship ID	
171	

Name of the Fellow : **Diksha**

Enrollment No. : **04016390020**

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

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

Fellowship ID 172

STRF - 2021

S	S.No. Name of the Fellow							Period of the Pe			th/Perio	- 1	Fellov amount	^	Amou (in Rs	
								Month		(To	o Month	1)	mor		`	
1	72	Neera	ųj										Rs.150	000/-		
1.	Name	of the Fo	ellow			: N	Veeraj					"		· · ·		
2.	Enroll	ment No				: 0	431639	0020								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			-
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					_
5.	Name	of the So	chool			: U	JSEM									
6.	Reside	ntial Ad	dress			:_										_
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7.	Mobile	e No. &	Email ID													_
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Dated :_											Sig	nature	of the R	esearch F	Fellow	
Certified	l that th	ne enclos	sed attend	lance rec	ord has	been '	verified	for the	period	from		1	.o	a:	nd also	
the prog	gress o	f the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the 1	month	of			amoun	ting to	
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Fellowship ID	
172	

Name of the Fellow : **Neeraj**

Enrollment No. : **04316390020**

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

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

Fellowship ID 173

STRF - 2021

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2.		ment No		1. 61.			524089		20	2					
1.	Name	of the Fe	ellow			: S	hanky	Garg							
1	173	Shan	ky Garg	;									Rs.150	000/-	
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Fellowship ID	
173	

Name of the Fellow : Shanky Garg
Enrollment No. : 05240890020

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

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

Fellowship ID 174

STRF - 2021

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No. of Leave													30		
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	S.No.		Name of	the Fello	ow		Month	Period	of	Mont	h/Perio	d of	Fellow	ship	Amount

Fellowship ID	
174	

Name of the Fellow : Mansi

Feb

Aug

Jan

July

Enrollment No. : **05640890020**

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

Fellowship started Year 20

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.

April

Oct.

Year 20

Mar

Sep

Signature of the Research Fellow

June

Dec

May

Nov.

Fellowship ID 175

STRF - 2021

S	.No.		Name of	the Fello	ow			Period of the control			th/Perio	I	Fellow amount	^	Amount	
						1		Month			o Month		mon		(in Rs.)	
1	75	Shail	ja Pand	ey				,					Rs.150	000/-		
1.	Name	of the Fe	ellow			: S	hailja l	Pandey								
2.	Enroll	ment No				: 0	604089	0020								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSBAS									
6.	Reside	ential Ad	dress													
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Fellowship ID	
175	

Name of the Fellow : Shailja Pandey
Enrollment No. : 06040890020

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

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

Fellowship ID 176

STRF - 2021

(Rs		1		10						- 10.				only	y).
_		_	r with sta forwarded	_	lease th	he fel	llowshir	o amoi	ant of	f Rs.		_			th Stamp
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
			Rs:		логу. П	.15/ HCI	ichows	emb 101	uic .	month				_ annound	
														anount	
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7.	Mobile	e No. &	Email ID			:_									
6.	Reside	ential Ad	ldress			:_									
5.		of the So					JSHSS			• • •					
3. 4.		nt (in Rs	of fellows .)	шр Стап	mea										
2.		ment No		ılıin Clair			432169		20	£			4.0		
1.		of the Fe					Rahul R								
	176	Rahu	1 Rana										Rs.150	000/-	
	S.No.		Name of	the Fello	OW	- 1	ellowsh	Period of the Pe	ned	fellows	th/Period ship Cla o Month	imed	Fellow amount mon	of one th	Amount (in Rs.)
			N I 6				3.6 .1	/m · 1	0		1 /2	1 0	E 11	1 .	-

176	Fe	llowship ID	
		176	

Name of the Fellow : Rahul Rana
Enrollment No. : 04321690020

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

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

Fellowship ID 177

STRF - 2021

Fellowship ID	
177	

Name of the Fellow : Harshita Pandey
Enrollment No. : 04521690020

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

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

Fellowship ID 178

STRF - 2021

S	.No.		Name of	the Fello	ow	f		Period of the Pe			h/Perio ship Cla		Fellov amount	-	Amount (in Rs.)
								Month			o Month		mor		(111 1101)
1	78	Prern	a Pawa	r									Rs.150	000/-	
1.	Name	of the F	ellow			: P	rerna l	Pawar						l	
2.	Enroll	ment No).			: 0	462169	0020							
3.	Month	/Period	of fellows	ship Clair	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	i.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SHSS								
6.	Reside	ential Ad	ldress			:_									
7.	Mobil	e No. &	Email ID												
8.	Award	l Letter l	No. & date	e(Copy A	Attache										
9.	Name	of the S	upervisor	(s)											
10.	Bank .	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod I am I ha scho If as a l or regu	lies or an not employe not a polarship. result olarize	y other incolors of check the obje	dustry or from the rewhere. It was hip for audit acted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/SF	of the Corpor
Dated :_														esearch F	
														a	
the prog	gress c	of the S	cholar is	satisfac	tory. F	His/her	fellows	ship for	the	month				_ amoun	
Rs		(F	Rs:										only)	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balanc Leave
No. of Leave													30		
	•	1	•										•	1	•
_		-	or with sta	-						_		Signati	are of the	e Dean wi	ith Stamp
Recomm (Rs.	nended	and f	forwarded	to rel	lease t	he fe	llowshij	o amou	int of	f Rs.				onl	y).

Fellowship ID	
178	

Name of the Fellow : **Prerna Pawar**Enrollment No. : **04621690020**

		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.

Fellowship ID 179

STRF - 2021

S	S.No.		Name of	the Fello	ow			Period of			h/Perio		Fellov	_		nount
						l I		ip Clain Month			ship Cla o Month		amount moi		(1r	n Rs.)
1	79	Shiva	ni Dug	gal				,				,	Rs.15	000/-		
1.	Name	of the F	ellow			: S	hivani	Duggal								
2.	Enroll	ment No) .			: 0	472169	0020								
3.	Month	/Period	of fellows	ship Clair	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	s.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSHSS									
6.	Reside	ential Ad	ldress			:_										
						:_										
7.	Mobile	e No. &	Email ID													
8.	Award	l Letter l	No. & date	e(Copy A	Attache											
9.	Name	of the S	upervisor	(s)												
10.	Bank A	Account	No.													
						: N	Name of	the Bar	ık:							
	Addre	ss of the	Bank													
Bod I am I ha scho If as a l or regu	dies or and not employe not a colarship. result of a colarize	y other incolors of check the obje	or audit	m the Univ	ersity. after adr	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/S ken to r o	RF or efund	any other
Dated :_											Sig	nature	of the R	esearch	Fellov	N
Certified	d that th	ne enclo	sed attend	lance rec	ord has	been '	verified	for the	period	l from _		1	to		ınd al	so
the prog	gress o	of the S	cholar is	satisfac	tory. F	His/her	fellows	ship for	the	month	of			_ amou	ıting	to
Rs		(F	Rs:										only)	may be r	elease	d.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed		Balance Leave
No. of Leave													30			
	ı						ı	l		1	ı	1				
_		-	or with sta	-								Signatı	are of th	e Dean w	ith S	tamp
Recomm (Rs.	nended	and f	forwarded	to re	lease t	the fel	llowshij	o amou	int o	f Rs.				on	ly).	

Fellowship ID	
179	

Name of the Fellow : Shivani Duggal
Enrollment No. : 04721690020

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

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

Fellowship ID 180

STRF - 2021

(Rs.		1		10						- 100				onl	y).
_		_	r with sta	_	lease tl	he fel	llowshir	o amoi	ant of	f Rs.		_	ure of the		th Stamp
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
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													to		
Dated:													of the Re		
I herek I ar Soch I ar I fas a or regu	Addre Addre Oy decla n a full ti n residing, n not ava dies or an n not em ave not a olarship. result ularize	Account ss of the are that g at address ailing any y other inc ployed any vailed fell of check the obje	No. Bank th scholar of so mentioned other fellow dustry or frowhere. owship for a or audit cted amo	F the USS/C at Sr. No. wship, finar m the Univ five years objection	Centres of 16 above, vacial assist versity.	Exceller which is tance, granission i	Name of	the Bar ished undernment a from any	er Ordinaccommo	ance-35 codation.	of the United Institution Inversity,	versity. tions, or includin	from the Co	SR Funds c RF, JRF/SF	of the Corporate
8. 9.			No. & date upervisor		Attached	_									
7.			Email ID			: 9	971642	553	Email:	:					
6.	Reside	ential Ad	ldress												
5.		of the So					JSHSS			,					
3. 4.		nt (in Rs	of fellows .)	snip Claii	mea										
2.		ment No		1: 61:	1		482169		20	C					
1.	Name	of the Fo	ellow			: P	oorva (Gulati							
1	180	Poorv	7a Gulat	t i									Rs.150	000/-	
S	S.No.		Name of	the Fello)W	f	ellowsh	Period of the Pe	ned	fellow	th/Periooship Cla Month	imed	Fellow amount mon	of one th	Amount (in Rs.)

Fellowship ID	
180	

Name of the Fellow : **Poorva Gulati**Enrollment No. : **04821690020**

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

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

Fellowship ID 181

STRF - 2021

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	-	Amount
						1		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
1	l 81	Sown	nya Gula	ıti								,	Rs.150		
 1.	Name	of the Fe	ellow			: S	owmva	Gulati							
2.	Enroll	ment No	·.				492169								
3.	Month	/Period	of fellowsl	hip Clain	ned	:			20	fror	n :		to		
4.		nt (in Rs		1											
5.	Name	of the So	chool				JSHSS		`	ĺ					
6.	Reside	ential Ad	ldress			:_									
7.	Mobil	e No. &	Email ID			: 9	818232	727	Email:	:					
8.	Award	l Letter I	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	upervisor ((s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or and not employee not a local plant of the content of the c	y other ind ployed any vailed fell	lustry or from where. lowship for t	n the Unive five years a objection	ersity. after adn	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that th	he enclos	sed attend	ance reco	ord has	been v	verified	for the	period	from _		t	o	ar	nd also
the prog	gress c	of the S	cholar is	satisfact	tory. H	is/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
	,							ı			ı				
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	Avancu	
Leave															
Signatu	re of sı	ıperviso	r with sta	mp							:	Signatu	ire of the	Dean wi	th Stamp
Ü		•	orwarded	•	ease t	he fel	llowshi	o amoi	ınt o	f Rs.		<i>a</i> ,			r
(Rs														only	y).

	Fellowship ID
181	181

Name of the Fellow : Sowmya Gulati
Enrollment No. : 04921690020

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

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

Fellowship ID 182

STRF - 2021

S.	No.		Name of	the Fello	ow	f	ellowsh	Period of the Pe	ned	fellow	th/Perio ship Cla o Montl	nimed	Fellow amount	of one	Amount (in Rs.)
1	82	Tanu	shree				(-1011	54441	<u>'</u>	(1)		/	Rs.150		
1.	Name	of the Fe	ellow			: T	anushi	ree							
2.	Enroll	ment No				: 0	502169	0020							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	m :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SHSS								
6.	Reside	ential Ad	dress												
7.	Mobile	e No. & 1	Email ID			:_									
8.	Award	Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Su	apervisor	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
	Addres	ss of the	Bank												
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_				lanca rac	ord has	haan	varified	for the	nariod	from			to		
			Rs:			115/1101			tile				only) 1		
onth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
o. of eave													30	Truncu	
		•	r with sta orwarded	•	lease t	the fel	llowshi _l	o amoi	ınt of	f Rs.		_	ure of the		

Fellowship ID	
182	

Name of the Fellow : **Tanushree**Enrollment No. : **05021690020**

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

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

Fellowship ID 183

STRF - 2021

															_	
S	.No.		Name of	the Fell	ow	f		Period of the Pe			th/Perio		Fellov amount	_		nount Rs.)
							(From	Month)	(Te	o Month	1)	mor			
1	.83	Asma	Rizvi										Rs.150	000/-		
1.	Name	of the Fo	ellow			: A	Asma R	izvi						I		
2.	Enroll	ment No				: 0	681659	0020								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSLLS									
6.	Reside	ntial Ad	ldress													
7.	Mobile	e No. &	Email ID			: 9	455055	636	Email:							
8.	Award	Letter 1	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bod ❖ I am ❖ I ha scho	lies or an not empore not a plarship. result of larize to	y other incolored any vailed fell of check the obje	owship for or audit	m the Univ	versity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	RF, JRF/S ken to re	RF or a	any other
							. 6. 1	C .1								
			sed attend													
			cholar is		ctory. H	11s/her	tellows	ship for	the i	month						
Ks		(F	Rs:										only)	may be r	elease	d.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed]	Balance Leave
No. of Leave													30			
	•		•	•					1			•	•			
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Recomm (Rs.	ended	and f	orwarded	to re	lease 1	the fe	llowship	o amoi	unt of	f Rs.				on	ly).	

183	

Name of the Fellow : Asma Rizvi
Enrollment No. : 06816590020

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

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

Fellowship ID 184

STRF - 2021

S	.No.		Name of	the Fello	ow	f	ellowsh	Period of the Pe	ned	fellow	th/Perio ship Cla o Month	imed	Fellov amount mo	of one		nount n Rs.)
1	84	Niimi	sha Kau	ıl			(11011)	Wionin	,	(1)	o Moni	1)	Rs.15			
1.	Name	of the Fe	ellow			: N	liimish	a Kaul								
2.	Enroll	ment No				: 0	691659	0020								
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	froi	n:		to			
4.	Amou	nt (in Rs	.)													
5.	Name	of the So	chool				SLLS									
6.	Reside	ential Ad	dress													
7.	Mobile	e No. & 1	Email ID			:_										
8.	Award	Letter N	No. & date	(Copy A	Attache	ed) :_										
9.	Name	of the Su	apervisor	(s)												
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: N	Vame of	the Bar	nk:							
	Addre	ss of the	Bank													
Bod I am I har scho If as a r	ies or an not emp ve not a plarship. result (larize t	y other ind bloyed any vailed fell of check the obje	owship for or audit cted amo	n the Univi five years objection	ersity. after adı	mission i	nto the P	h.D. prog	ramme (of the U	niversity,	including	g IPRF, ST	ΓRF, JRF/S	RF or a	any other
			 sed attend	0000 000	ard had	, boon s	varified	for the	nariad	from	_					
			cholar is													
Rs.				Satistac	тогу. 1	118/1101	ichows	ыпр тог	tiic i	HOHH	OI			may be r	_	
		(2											(1117)			-
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	: 1	Balance Leave
No. of Leave													30			
Signatur		-	r with sta	-	lease 1	the fel	llowship	o amoi	ınt of	Rs.		Signatı	are of th	e Dean w	vith St	amp

Fellowship ID	
184	

Name of the Fellow : Niimisha Kaul
Enrollment No. : 06916590020

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

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

Fellowship ID 185

STRF - 2021

(Rs							-1							onl	y).
_		-	r with sta forwarded	-	lease t	he fel	llowshir	o amoi	ant of	f Rs.		_			th Stamp
G: .	e		20									n•	e a	ъ.	al Gr
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
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			sed attend												
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I herek ❖ I ar ❖ I ar ❖ I ar Boo ❖ I ar ❖ I herek š I herek	Address Add	of the So Account ass of the are that me researce g at address alling any yother incoloped any vailed fell of check the obje	Bank	(s) The USS/C at Sr. No. vship, final m the Univ five years objection	Centres of 6 above, vicial assis versity.	:: N Exceller which is itance, gr	Name of	ished undernment a from any	er Ordina ccommo other G	IFSO	C Code of the University, niversity, stage, a	versity.	from the Co	SR Funds o RF, JRF/SR	f the Corporate F or any other Fund, adjust
7.	Mobile	e No. &	Email ID			:_									
6.	Reside	ential Ad	ldress												
5.		of the So					JSLLS		(111	words)					
3. 4.		/Period on the control of the contro	of fellows	ship Claii	med										
2.		ment No		1. 61.			701659		20	2					
1.	Name	of the Fe	ellow			: S	uhasin	i	·						
1	L85	Suha	sini										Rs.150	000/-	
S	S.No.		Name of	the Fello	ow	f	ellowsh	Period of the Pe	ned	fellows	th/Period ship Cla o Month	imed	Fellow amount mon	of one	Amount (in Rs.)

105	Fellowship ID											
185	185											

Name of the Fellow : **Suhasini**Enrollment No. : **07016590020**

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

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

Fellowship ID 186

STRF - 2021

S	.No.		Name of	the Fello	ow			Period			h/Perio		Fellov	•		mount
						1		ip Clair Month			ship Cla o Month		amount		(11	n Rs.)
1	.86	Abhis	shek Kh	anna			(,	(-		,	Rs.15			
1.	Name	of the Fe	ellow			· A	hhishe	k Khan	na			ļ				
		ment No					761659									
			of fellows	hip Clai	med				20	froi	n :		to			
		nt (in Rs		inp ciun												
		of the So	*				JSLLS		(,						
		ential Ad				:										
			Email ID													
			No. & date	`	Attache	ed) :_										
			upervisor	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
Bod I am I ha scho If as a i	lies or an not employe not a plarship. result (larize the state of th	y other ind ployed any vailed fell	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	TRF, JRF/S	SRF or efund	any other
							· c. 1	C 4	. ,		Ü					
			sed attend													
			cholar is		ctory. I	11s/her	fellows	ship for	the i	month						
.S		(F	Rs:										only)	may be r	eiease	ea.
Ionth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	,	Balance Leave
lo. of Leave													30			
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lecomm Rs.	nended	and f	forwarded	to re	lease 1	the fe	llowship	amoi	int of	f Rs.		-		on	ıly).	-

Fellowship ID										
186										

Name of the Fellow : Abhishek Khanna
Enrollment No. : 07616590020

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

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

Fellowship ID **187**

STRF - 2021

S	.No.		Name of	the Fello	ow	f.		Period of the Pe			th/Perio		Fellov amount	-		mount in Rs.)
						'		Month			o Month		moi			III 1C3.)
1	87	Saksl	ni Chad	ha									Rs.15	000/-		
1.	Name	of the Fe	ellow			: S	akshi (Chadha								
2.	Enroll	ment No				: 0	236999	0720								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSE									
6.	Reside	ential Ad	dress													
7.	Mobile	e No. &	Email ID			:_										
			No. & date	e(Conv.	Attache											
			apervisor	`		_										
		Account	•	(-)												
	Addre	ss of the	Bank													
Bod I am I ha scho If as a r or regu	ties or and not employe not a plarship. result of larize	y other incolored any vailed fell of check the obje	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	ΓRF, JRF/ ken to r	SRF o	r any other
													of the R			
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the	month						
Rs		(F	Rs:										only)	may be	eleas	sed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30			
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Rs.	iciided	anu 1	oi waiucu	. 10 16	icasc	111C 1C	110 W 2111]	annot	a111 U	113.				01	 ıly).	_

	Fellowship ID											
187	187											

Name of the Fellow : Sakshi Chadha
Enrollment No. : 02369990720

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

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

Fellowship ID 188

STRF - 2021

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No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
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			sed attend												
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7.	Mobil	e No. &	Email ID			:_									
6.	Reside	ential Ad	ldress			:_									
5.		of the So					JSMS			,					
3. 4.		nt (in Rs		шр Стап	illed										
2.		ment No	of fellows	ılı.i Clair			701669		20	£			4		
1.		of the Fe						e Chakı	abart	i					
	188	Anan	dee Cha	akrabar	rti								Rs.150	000/-	
						f	ellowsh	ip Clain Month	ned	fellows	ship Cla o Month	imed	amount mor	of one oth	(in Rs.)
	S.No.		Name of	the Fello)W		Month	/Period	of	Mont	th/Period	1 of	Fellow	shin	Amount

Fellowship ID											
188											

Name of the Fellow : Anandee Chakrabarti

Enrollment No. : **07016690020**

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

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

Fellowship ID 189

STRF - 2021

S	.No.		Name of	the Fello	ow		ellowsh	Period of the Pe	ned	fellow	th/Period ship Cla o Month	imed	Fellov amount mor	of one		nount Rs.)
1	.89	Anus	hka Goe	:1			(11011)	Willing	,	(1)	o ivionii	1)	Rs.15			
1.	Name	of the Fe	ellow			: A	nushka	a Goel								
2.	Enroll	ment No				: 0	731669	0020								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)													
5.	Name	of the So	chool				ISMS									
6.	Reside	ntial Ad	dress													
7.	Mobile	e No. & 1	Email ID			:_										
8.	Award	Letter N	No. & date	e(Copy A	Attache	d) :_										
9.	Name	of the Su	upervisor	(s)												
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: N	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
Bod I am I ha scho If as a 1	lies or an n not emp eve not a plarship. result of larize	y other ind bloyed any vailed fell of check the obje	owship for or audit cted amo	m the Univ	ersity.	nission i	nto the P	h.D. prog	ramme (of the U	niversity,	including	g IPRF, ST	ΓRF, JRF/S	RF or a	ny other
			sed attend	lance rec	ord has	heen v	verified	for the	neriod	from	Ü					
			cholar is													
Rs														may be r	-	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	I	alance Leave
No. of Leave													30			
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Fellowship ID											
189											

Name of the Fellow : **Anushka Goel**Enrollment No. : **07316690020**

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

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

Fellowship ID 190

STRF - 2021

S	.No.		Name of	the Fello	ow	f		Period of the Pe			h/Perio ship Cla		Fellov amount	_		mount n Rs.)
								Month			o Month		moi		(1	11 113.)
1	90	Amri	sha Ran	ijan									Rs.15	000/-		
1.	Name	of the Fe	ellow			: A	Amrisha	Ranja	n							
2.	Enroll	ment No				: 1	641649	0020								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSIC&	Γ								
6.	Reside	ential Ad	ldress													
7.	Mobile	e No. &	Email ID													
8.	Award	l Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: N	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bod I am I ha scho If as a r or regu	ties or and not employe not a plarship. result of larize	y other ind ployed any vailed fell	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/S ken to re	SRF or efund	any other
											Ü					
			sed attend													
			cholar is		ctory. I	11s/her	fellows	ship foi	the	month						
KS		(F	Rs:										only)	may be r	eieas	ea.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	,	Balance Leave
No. of Leave													30			
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_		-	r with sta	-							1	Signatı	ure of th	e Dean v	ith S	tamp
Recomm Rs.	ended	and f	orwarded	to re	lease 1	the fe	llowship	o amoi	unt of	f Rs.				on	ıly).	-

Fellowship ID												
190												

Name of the Fellow : Amrisha Ranjan
Enrollment No. : 16416490020

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

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

Fellowship ID 191

STRF - 2021

fellowship Claimed (From Month) fellowship Claimed (To Month) month mo																_	
1. Name of the Fellow B Jyothi Carrellow	S	.No.		Name of	the Fello	ow	f				fellow	ship Cla	imed		^	Amount (in Rs.)	
1. Name of the Fellow :B Jyothi 2. Enrollment No. : 16716490020 3. Month/Period of fellowship Claimed :								(From	Month)	(Te	o Month	n)				
2. Enrollment No. : 16716490020 3. Month/Period of fellowship Claimed :	1	91	В Јус	othi										Rs.150	000/-		
3. Month/Period of fellowship Claimed :	1.	Name	of the Fo	ellow			: F	3 Jyothi	İ	I							
4. Amount (in Rs.) :	2.	Enroll	ment No				: 1	671649	0020								
5. Name of the School : USIC&T 6. Residential Address :	3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
6. Residential Address	4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
For the Corp State of the Corp State of the University	5.	Name	of the So	chool			: U	JSIC&T	Γ								
Flare the progress of the Scholar is satisfactory. His/her fellowship for the progress of the Scholar is satisfactory. His/her fellowship for the progress of the Scholar is satisfactory. His/her fellowship for the period fromto	6.	Reside	ntial Ad	ldress			:_										
7. Mobile No. & Email ID : 9885982498 Email:							:_										
8. Award Letter No. & date(Copy Attached): 9. Name of the Supervisor (s): 10. Bank Account No.: 11. IFSC Code: 12. IFSC Code: 13. IFSC Code: 14. Itam a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. 15. Itam a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. 15. Itam not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corp Bodies or any other industry or from the University. 15. Itam not employed anywhere. 16. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 16. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 17. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 18. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 18. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 18. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 18. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 18. Itah are not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 18. Itah are not availed fellowship for the CSR females. 18. Itah are not availed fellowship for the University. 18.	7	Malait	. N	Email ID													
9. Name of the Supervisor (s) :					· (C	A 441											
Same of the Bank:					`	Attacne	_										
: Name of the Bank: Address of the Bank				•	(s)												
Address of the Bank Ihereby declare that: 1 am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. 1 am not availing any other fellowship, financial assistance, grants, etc from any other Govt/Public Institutions, or from the CSR Funds of the Corp Bodies or any other industry or from the University. 1 am not employed anywhere. 1 am not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any scholarship. 1 are result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, and or regularize the objected amount. Signature of the Research Fellow	10.	Bank A	Account	No.													
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 Corp 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 scholarship. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, ad or regularize the objected amount. Dated:		مسلما الم	C41	Danle													
★ 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 Corp 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 scholarship. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, ad or regularize the objected amount. Dated:																	
Certified that the enclosed attendance record has been verified for the period from	 I am I am Bod I am I ha scho If as a I 	n residing n not ava- dies or an n not emp ave not a plarship.	g at address hiling any y other inco bloyed any vailed fell of check	s mentioned other fellow dustry or fro where. lowship for	at Sr. No. wship, final m the Univ	6 above, ncial assist versity. after adi	which is stance, gr mission i	not a gov rants, etc nto the P	ernment a from any h.D. prog	other G	odation. Fovt./Pub	lic Institu	tions, or	g IPRF, ST	RF, JRF/SR	RF or any oth	er
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 Availed No. of 30	Dated :_											Sig	nature	of the R	esearch F	ellow	
Rs (Rs:	Certified	l that th	ne enclos	sed attend	lance rec	ord has	s been	verified	for the	period	from		1	to	aı	nd also	
Month Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Leave Availed Balan Leave Availed No. of 1 1 1 1 1 30 1	the prog	gress o	f the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the 1	month	of			_ amount	ting to	
No. of Leave Leave Availed No. of 30	Rs		(F	Rs:										only) :	may be re	leased.	
No. of Leave Leave Availed No. of 30																	
No. of 30	Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	1	Leave	Balance Leave	
Leave														30			
	Leave																
Recommended and forwarded to release the fellowship amount of Rs. (Rs. Signature of the Dean with Stam only).	Recomm		-		-	lease 1	the fe	llowshi _l	o amoi	ınt ol	f Rs.		Signatı	ure of the			

Fellowship ID	
191	

Name of the Fellow : **B Jyothi**Enrollment No. : **16716490020**

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

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

Fellowship ID **192**

STRF - 2021

S	S.No.		Name of	the Fello	w			Period			h/Perio		Fellow	- 1	Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	192	Soura	bh Ana	nd				,				,	Rs.150		
1.	Name	of the Fe	ellow			: S	ourabh	Anand	l						
2.	Enroll	ment No				: 1	721649	0020							
3.	Month	/Period o	of fellows	hip Clain	ned	:			20	fror	n :		to		
4.		nt (in Rs		•											
5.	Name	of the So	chool				JSIC&		`	ĺ					
6.	Reside	ntial Ad	dress			:_									
7.	Mobile	e No. &	Email ID				818436								
8.	Award	Letter N	No. & date	c(Copy A	ttache	d) :_									
9.	Name	of the Su	upervisor	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Solution Head So	n not availies or an not empave not a olarship.	niling any y other ind ployed any vailed fell of check	lustry or fror where. owship for	ship, finand the University of the years	cial assis ersity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated :											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	l from		t	0	ar	nd also
			cholar is												
Rs.					•			•						- may be rel	_
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														
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Recomn	nended	and f	orwarded	to rel	ease t	he fel	llowship	o amoi	unt of	f Rs.					
(Rs														only	y).

Fellowship ID	
192	

Name of the Fellow : **Sourabh Anand**Enrollment No. : **17216490020**

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

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

Fellowship ID **193**

STRF - 2021

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S	.No.		Name of	the Fello	ow	f		Period of the Pe			th/Perio ship Cla		Fellov amount	^	Amount (in Rs.)
							(From	Month)	(Te	o Month	1)	mor		
1	.93	Ashis	sh										Rs.150	000/-	
1.	Name	of the Fe	ellow			: A	Ashish							I_	
2.	Enroll	ment No				: 1	831649	0020							
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSIC&T	Γ							
6.	Reside	ential Ad	ldress			:_									
						:_									
7.	Mobile	a No. &	Email ID												
			No. & date	o(Conv	A ttoob										
			no. & dan upervisor	`	Attache	_									
		or the St	•	(S)											
10.	Вапк Л	Account	No.												
	مل. ۱	£41	Danle												
		re that	Bank												
 I am Bod I am I ha scho If as a lor regular 	n not availies or an not employe not a plarship.	ailing any y other inc bloyed any vailed fell of check the obje	dustry or from where. lowship for a or audit cted amo	whip, finar m the Univ five years	ncial assi versity. after ad	stance, gr	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SF	of the Corporate RF or any other fund, adjust
Dated :_											Sig	nature	of the R	esearch I	Fellow
Certified	l that tl	ne enclos	sed attend	lance rec	ord has	s been	verified	for the	period	from		1	to	a	nd also
the prog	gress o	of the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the i	month	of			_ amoun	ting to
Rs		(F	Rs:										only)	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30	111111111	
LICAVE		<u> </u>	<u> </u>		l		<u> </u>				<u> </u>				
Signatu	re of su	ıperviso	r with sta	amp								Signati	ure of the	e Dean wi	ith Stamp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amoi	unt of	f Rs.				onl	 .y).

Fellowship ID	
193	

Name of the Fellow : Ashish

Enrollment No. : **18316490020**

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

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

Fellowship ID 194

STRF - 2021

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

S	.No.		Name of	the Fell	ow			Period			h/Perio			wship		Amount
						1	ellowsh From)	ip Ciair Month			ship Cla o Montl			t of one onth		(in Rs.)
1	94	Indra	jit Kha	ndai								,	Rs.15	000/-		
1.	Name	of the Fe	ellow			: I	ndrajit	Khand	ai							
2.	Enroll	ment No					012639									
3.	Month	/Period	of fellows	ship Clai	med	:_			20	froi	n :		to			
4.	Amou	nt (in Rs	.)	_												
5.	Name	of the So	chool				CDMS									
6.	Reside	ntial Ad	dress			:_										
						:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	apervisor	(s)												
10.	Bank A	Account	No.													
						: N	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bod I am I ha scho If as a r or regu	lies or an n not emp eve not a plarship. result of larize	y other incolored any vailed fell of check the obje	lustry or from where, owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, S	TRF, JRF/	/SRF /	or any other ad, adjust
													of the F			
			sed attend													
			cholar is		ctory. I	lis/her	fellows	ship for	the	month						
Rs		(F	Rs:										only)	may be	relea	ised.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Avail	e	Balance Leave
No. of Leave													30			
Sian at-	uo af		n with at							•		Ciarrat	umo c£41.	o Door	:41-	Stan
_		-	r with sta orwarded	-	leace 4	the fol	llowebii	amo	ınt o	f De		Signati	ure of th	ie Dean	witn	Stamp
(Rs.	ichaca	anu l	oi waiutu	. 10 16	icasc 1	10	no w siii]	aiii0l	a11t 0	1 185.				0	nly).	

Fellowship ID	
194	

Name of the Fellow : Indrajit Khandai
Enrollment No. : 00126390020

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

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

Fellowship ID **195**

STRF - 2021

S	.No.		Name of	the Fello	ow	f		Period ip Clair			th/Perio ship Cla	I	Fellow amount	_	Amount (in Rs.)
								Month			o Month		mon		(111 1151)
1	.95	Apraj	ita										Rs.150	000/-	
1.	Name	of the Fo	ellow			: A	Aprajita	ı				I			
2.	Enroll	ment No				: 0	491609	0020							
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSBT								
6.	Reside	ntial Ad	ldress			:_									
						:_									
7.	Mobile	e No. &	Email ID												
			No. & date	e(Copy A	Attache										
			upervisor	`		_									
		Account	•												
	Addre	ss of the	Bank												
Solution I am Bod I am I ham school If as a I	n not availies or an not employe not a plarship.	oiling any y other incolored any vailed fell of check	lustry or from where. lowship for	whip, finar m the Univ five years	ncial assistersity.	stance, gr	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SF	of the Corporate RF or any other fund, adjust
Dated :_											Sig	nature	of the R	esearch F	Fellow
Certified	l that th	ne enclo	sed attend	lance rec	ord has	s been	verified	for the	period	from		1	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the	month	of			amoun	ting to
Rs		(F	Rs:		-								only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
	•	1	•					•						•	·
_		-	r with sta	-								Signatı	ire of the	Dean wi	ith Stamp
Recomm (Rs.	nended	and f	orwarded	to re	lease 1	the fe	llowship	o amoi	int of	f Rs.				onl	y).

Fellowship ID	
195	

Name of the Fellow : Aprajita
Enrollment No. : 04916090020

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

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

Fellowship ID 196

STRF - 2021

S	.No.		Name of	the Fell	ow			Period			th/Perio			wship		Amount
						I	ellowsh From)	ip Clain Month			ship Cla o Month			t of one onth	'	(in Rs.)
1	96	Ms. S	rishti S	olanki								,	Rs.25	000/-		
1.	Name	of the Fe	ellow			: N	As. Sris	hti Sola	nki							
2.	Enroll	ment No) .			: 9	007005	1215								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	froi	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSEM									
6.	Reside	ntial Ad	ldress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter 1	No. & date	e(Copy	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bod I am I ha scho If as a l or regu	lies or an n not emp eve not a plarship. result of larize	y other incolored any vailed fell of check the obje	dustry or from where. lowship for a or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, S	TRF, JRF.	/SRF o	or any other
													of the F			
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the	month						
Rs		(F	Rs:										only)	may be	relea	ised.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Avail	/e	Balance Leave
No. of Leave													30			
	•	•			•					•	•		•	'		
_		-	r with sta	-								Signat	ure of th	e Dean	with	Stamp
Recomm Rs.	nended	and f	orwarded	to re	lease	the fe	Howship	o amoi	unt o	t Rs.				0	nly).	_

Fellowship ID	
196	

Name of the Fellow : Ms. Srishti Solanki

Enrollment No. : **90070051215**

		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	ear 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	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.

Fellowship ID **197**

STRF - 2021

S	S.No.		Name of	the Fello	W			Period			th/Perio		Fellow	_	Amount
						1		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
1	197	Ms. N	ipra Sha	arma								,	Rs.250		
1.	Name	of the Fe	ellow			: N	Is. Nip	ra Shar	ma						
2.	Enroll	ment No	١.				181639								
3.	Month	/Period	of fellowsl	hip Clain	ned	:			20	froi	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				JSEM								
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID			: 9	999180	108	Email:	:					
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	upervisor ((s)		:_									
10.	10. Bank Account No. :IFSC Code :														
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or fron where. owship for t	n the Unive	ersity. after adr	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attenda	ance reco	ord has	been v	verified	for the	period	from _		1	.o	ar	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the i	month	of			_ amount	ing to
Rs		(F	Rs:										only) ı	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave			1												
Ü		•	r with sta	•	ease t	he fel	lowshir	n amoi	ınt o	f Rs	;	Signatı	ire of the	e Dean wi	th Stamp
(Rs		1								- 100				only	y).

Fellowship ID											
197											

Name of the Fellow : Ms. Nipra Sharma
Enrollment No. : 01816391017

Fellowship started Year 20

		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.

Fellowship ID 198

STRF - 2021

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
1	198	Ms. A	diti Bis	ht			(11011		,	(2)		.)	Rs.250		
 1.	Name	of the Fe	ellow			: N	Is. Adi	ti Bisht							
2.		ment No					194089								
3.			of fellows	hin Clain	ned				20	fror	n·		to		
4.		nt (in Rs		inp Ciain											
5.		of the So	,				JSBAS		(111	words)					
6.		ential Ad													
0.	Reside	muai Au	uicss												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	apervisor ((s)											
10.	10. Bank Account No. : IFSC Code :														
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	gramme	of the Ui	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance reco	ord has	been	verified	for the	period	from _		t	o	an	ıd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the i	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	mp							;	Signatu	ire of the	Dean wit	th Stamp
Recomn	nended	and f	orwarded	to rele	ease t	he fel	lowship	o amoi	unt of	f Rs.		-			
(Rs														only	/).

Fellowship ID											
198											

Name of the Fellow : **Ms. Aditi Bisht**Enrollment No. : **01940890517**

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

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

Fellowship ID 199

STRF - 2021

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

1. Name of	Name of Ms. Savita Ra The Fellow ent No.	ani		ellowsh	Period of the Pe	ned	fellows	h/Perioo ship Cla o Month	imed	Fellow amount o mon	of one th	Amount (in Rs.)
1. Name of	the Fellow	ani								mon	th	(in Rs.)
1. Name of	the Fellow	ani			,	_			/			
										Rs.250	00/-	
2 Enrollma	ent No.		: N	Ms. Sav	ita Rani	i					I	
Z. Emonin			: 0	224089	0517							
3. Month/P	eriod of fellows	hip Claimed	:_			_20_	fror	n :		to _		
4. Amount	(in Rs.)											
5. Name of	the School			JSBAS								
6. Resident	ial Address		:_									
			:_									
7. Mobile ì	No. & Email ID											
8. Award L	etter No. & date	(Copy Atta										
	the Supervisor		_									
10. Bank Ac	-	` '										
Address	of the Bank											
Bodies or any o	iled fellowship for check or audit	n the University five years after objection, s	y. admission i	into the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, STI	RF, JRF/SRF	or any other
Dated :								Sig	nature	of the Re	esearch Fe	llow
Certified that the	enclosed attend	ance record	has been	verified	for the	period	l from _		t	0	and	d also
the progress of	the Scholar is	satisfactory	. His/her	fellows	ship for	the 1	month	of			amounti	ng to
Rs	(Rs:									only) r	nay be rele	eased.
Month Jan.	Feb. March	April Ma	ay June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave	Balance Leave
No. of										30	Availed	
Leave												
Signature of sup Recommended a (Rs.		•	e the fe	llowshij	o amou	ınt of	f Rs.		Signatu	ire of the	Dean with	

Fellowship ID											
199											

Name of the Fellow : **Ms. Savita Rani**Enrollment No. : **02240890517**

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

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

Fellowship ID **200**

STRF - 2021

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

S	.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	-	Amou	nt
						f		ip Clain Month			ship Cla o Month		amount mor	1	(in Rs	.)
2	200	Ms. G	agan D	еер Ко	ur		(TTOIL	· · · · · · · · · · · · · · · · · · ·	,	(1)	o ivioitu	.)	Rs.250			
1.	Name	of the Fe	ellow			: N	As. Gag	an Dee	p Kou	r						
2.	Enroll	ment No				: 0	381659	0018								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			_
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					_
5.	Name	of the So	chool			: U	JSLLS									
6.	Reside	ntial Ad	dress													_
						:_										
7.	Mobile	e No. &	Email ID			: 9	873058	073	Email	:						_
8.			No. & date		Attache	d) :_										_
			upervisor	(s)												
10.	Bank A	Account	No.													
																_
		ss of the	Bank													_
 I an Bod I am I ha scho If as a lor regular 	n not availies or and not employe not a plarship. result (larize to	illing any y other ind bloyed any vailed fell of check the obje	owship for or audit cted amo	ship, finar in the Univ five years objection	ncial assis versity. after adr	stance, gr	rants, etc	from any	other C	of the U	niversity,	including	g IPRF, ST	RF, JRF/S.	RF or any	other
Dated :_											Sig	nature	of the R	esearch l	Fellow	
			sed attend													
the prog	gress o	f the S	cholar is	satisfac	ctory. F	His/her	fellows	ship for	the the	month	of			_ amoun	ting to	
Rs		(F	Rs:										only) :	may be re	eleased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balai Lea	
No. of Leave				,									30			
Signatu	gnature of supervisor with stamp ecommended and forwarded to release the fellowship amount of Rs.															

Fellowship ID	
200	

Name of the Fellow : Ms. Gagan Deep Kour

Enrollment No. : **03816590018**

		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	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.

Fellowship ID 201

STRF - 2021

S	S.No.		Name of t	the Fello	w	- 1		Period			h/Perio		Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	201	Ms. P	rerna Pa	andey			(11011		,	(2)		.)	Rs.250		
 1.	Name	of the Fe	ellow			: N	Is. Prei	rna Pan	dev						
2.		ment No					291609		ucj						
3.			of fellowsł	hin Clain	ned				20	fror	n·		to		
4.		nt (in Rs		inp Cium	100										
5.		of the So					JSBT		(111	words)					
6.		ential Ad													
0.	Reside	muai Au	diess												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	upervisor ((s)											
10.	10. Bank Account No. :IFSC Code :														
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or fron where. owship for f	n the Unive five years a objection	ersity. after adn	nission in	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attenda	ance reco	ord has	been v	verified	for the	period	l from _		t	o	an	ıd also
the prog	gress o	of the S	cholar is	satisfact	ory. H	Iis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	mp							;	Signatu	re of the	Dean wit	th Stamp
Recomn	nended	and f	orwarded	to rele	ease t	he fel	lowship	amou	int of	f Rs.					
(Rs														only	7).

Fellowship ID	
201	

Name of the Fellow : Ms. Prerna Pandey

Enrollment No. : **02916090018**

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

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

Fellowship ID 202

STRF - 2021

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

															_				
S	.No.		Name of	the Fell	ow		Month/Period of fellowship Claimed				h/Perio		Fellov	• 1	Amount				
						I		ip Clain Month			ship Cla o Month		amount mor	I	(ın	Rs.)			
2	202	Ms. P	riyanka	Verm	a			,					Rs.250	000/-					
1.	Name	of the Fe	ellow			: N	As. Priy	anka V	⁷ erma										
							: 90064051215												
3. Month/Period of fellowship Claimed							:to												
4.							: (in words):												
							: USEM												
6.	Reside	ential Ad	ldress			:_													
								: : 8377855489											
8.																			
9.																			
10.	Bank A	Account	No.			:_				IFS	C Code	:							
	: Name of the Bank:																		
	Addre	ss of the	Bank																
 I am Bod I am I ha scho If as a lor regular 	n not availies or an not employe not a plarship.	ailing any y other inc bloyed any vailed fell of check the obje	owship for or audit cted amo	whip, finar m the Univ five years	ncial assistersity.	stance, g	rants, etc	from any	other C	of the U	niversity,	including	g IPRF, ST	RF, JRF/S ken to re	RF or a	any other			
Dated :_											Sig	nature	of the R	esearch l	Fellov	V			
Certified	l that tl	ne enclos	sed attend	lance rec	ord has	s been	verified	for the	period	from		1	to	8	ınd als	so			
the prog	gress o	of the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the	month	of			_ amour	iting	to			
Rs	Rs (Rs: only) may be released.											d.							
						-			~			_	T . 1	77 1					
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave]	Balance Leave			
No. of													30	Availed	1				
Leave																			
Signatu	re of si	inerviso	r with sta	amn							,	Sionati	are of the	Dean w	rith St	ramn			
_		-	orwarded	-	lease 1	the fe	llowshir) amoi	ınt o	f Rs	'	oignati	are or the	Dean W	ııı St	աուհ			
(Rs.	.511404	unu 1	or maraou	10			5111	annot	0.	10.				on	ly).				

Fellowship ID	
202	

Name of the Fellow : Ms. Priyanka Verma

Enrollment No. : **90064051215**

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

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

Fellowship ID 203

STRF - 2021

S	S.No.		Name of	the Fello	ow			Period of			h/Periooship Cla		Fellow	_	Amount
						10		ip Clain Month			snip Cia 5 Month		amount mon		(in Rs.)
2	203	Mr. K	Iunal					,					Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Kui	nal							
2.	Enroll	ment No				: 0	314089	0018							
3.	Month	/Period	of fellows	ship Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SBAS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 8	700238	244	Email:	:					
8.	Award	l Letter N	No. & date	e(Copy A	Attache	(d) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Solution Head So	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for	with the University of University of the University of the University of	ncial assis versity. after adı	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	l from _		t	o	an	ıd also
														amount	
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															
Ü		•	r with sta	•							:	Signatu	ire of the	Dean wi	th Stamp
Recomn (Rs.	nended 	and f	orwarded	to re	lease t	the fel	Iowship 	o amou	int of	r Rs.				only	

Fellowship ID	
203	

Name of the Fellow : Mr. Kunal
Enrollment No. : 03140890018

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

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

Fellowship ID 204

STRF - 2021

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

S	.No.		Name of	the Fello	ow	f		Period of the Pe			h/Perio ship Cla		Fello	wship t of one		Amount in Rs.)
								Month			o Month		mo		`	. ,
2	204	Ms. T	`amann	a									Rs.25	000/-		
1.	Name	of the Fo	ellow			: N	Is. Tan	nanna								
2.	Enroll	ment No).			: 0	281639	0019								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	i.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSEM									
6.	Reside	ential Ad	ldress													
7.	Mobil	a No. &	Email ID			:_										
8.			No. & date	o(Conv.	Attacha											
			upervisor	`	Attache	_										
		Account	•	(s)												
10.	Dalik I	Account	INO.													
	A ddma	aa af tha	Bank													
 I am I am Bod I am I ha school If as a in 	n residing n not ava- dies or an n not emp ave not a plarship.	g at addres ailing any by other incolored any availed fell	ch scholar of s mentioned other fellow dustry or fro where. lowship for cor audit	at Sr. No. wship, finar m the Univ five years objection	6 above, ncial assistersity.	which is stance, gr mission i	not a gov rants, etc nto the P	ernment a from any h.D. prog	other C	odation. Govt./Pub	lic Institu	tions, or	g IPRF, S	ΓRF, JRF/	SRF o	r any other
Dated :_											Sig	nature	of the R	Research	Fello	ow
Certified	l that tl	ne enclo	sed attend	lance rec	ord has	s been	verified	for the	period	l from _		1	.o		and	also
the prog	gress o	of the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the	month	of			amou	nting	g to
Rs		(F	Rs:										only)	may be	relea	sed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30	Avano	u	
	•		,							•			•	,	,	
_		-	or with sta	-							1	Signatı	ire of th	e Dean	vith	Stamp
Recomm (Rs.	nended	and f	forwarded	to re	lease 1	the fe	llowship	o amoi	int o	f Rs.				Oi	 ıly).	_

Fellowship ID	
204	

Name of the Fellow : Ms. Tamanna
Enrollment No. : 02816390019

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

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

Fellowship ID 205

STRF - 2021

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

S	S.No.		Name of	the Fello	W			Period	I .		h/Perio		Fellow	-	Amount
						10		ip Clain Month			ship Cla o Month		amount mon	I	(in Rs.)
2	205	Ms. T	anu Pra	kash								,	Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Tan	u Prak	ash					<u> </u>	
2.	Enroll	ment No				: 0	321639	0019							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SEM								
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. & 1	Email ID												
8.	Award	l Letter N	No. & date	с(Сору А	ttache										
9.	Name	of the Su	apervisor ((s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sch If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	n the Unive	ersity. after adn	nission in	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate CF or any other fund, adjust
Dated:											Sig	nature	of the R	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance reco	ord has	been v	verified	for the	period	from _		1	.o	aı	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			_ amount	ting to
Rs		(F	Rs:										only) :	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
		1			I					1		1		1	<u> </u>
Ü		•	r with sta	-	ansa t	ha fal	lowshir	a amou	ınt o	f De	:	Signatı	ire of the	e Dean wi	th Stamp
(Rs.	nenueu	anu 1	oi wai ucu		Lase I		nowsiii]	o aiiiol	ant O	188.				onl	y).

Fellowship ID	
205	

Name of the Fellow : Ms. Tanu Prakash
Enrollment No. : 03216390019

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

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

Fellowship ID 206

STRF - 2021

S	.No.		Name of	the Fello	W			Period			h/Perio		Fellow	_	Amount
						16		ip Clain Month			ship Cla Month		amount mon	I	(in Rs.)
2	206	Ms. A	rushi J	ha								,	Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Aru	shi Jha							
2.	Enroll	ment No				: 0	301639	0019							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SEM								
6.	Reside	ntial Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	Letter N	No. & date	e(Copy A	ttache	d) :_									
9.	Name	of the Si	ipervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod I an I ha scho If as a	lies or an not emp we not a plarship. result o	y other ind bloyed any vailed fell of check	lustry or fror where. owship for	n the Unive	ersity. after adn	nission in	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	of the Corporate RF or any other fund, adjust
Dated :_											Sig	nature	of the R	esearch F	ellow
Certified	l that th	ne enclos	sed attend	lance reco	ord has	been v	verified	for the	period	from _		1	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			_ amoun	ting to
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
	•			*	1					•			•	•	
Signatu	re of su	iperviso	r with sta	ımp							:	Signatı	ire of the	Dean wi	ith Stamp
Recomm (Rs	nended	and f	orwarded	to rele	ease t	he fel	lowship	o amou	int of	f Rs.				onl	y).

Fellowship ID											
206											

Name of the Fellow : Ms. Arushi Jha
Enrollment No. : 03016390019

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

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

Fellowship ID 207

STRF - 2021

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

S	.No.		Name of	the Fello	ow			Period (th/Perio		Fellov	wship	Ā	Amount
						f	ellowsh				ship Cla		amount		((in Rs.)
	207	Ms.	Sad	hna	Dev	ri .	(From	Month)	(1	o Month	1)	mo:			
	<i>101</i>	Kalira			DC	••							143.20	000,-		
1.	Name	of the Fe				: N	Ms. Sad	hna De	vi Kal	iramna	L .	ļ			<u> </u>	
2.	Enroll	ment No					444089									
3.			of fellows	hin Clair	med				20	froi	m ·		to			
<i>3</i> . 4.		nt (in Rs		inp Cian	incu								10			
		·							(111	words)	•					
5.		of the So					JSBAS									
6.	Reside	ential Ad	dress													
7.	Mobil	e No. & 1	Email ID													
8.			No. & date	c(Copy A	Attached											
9.			apervisor			_										
		Account	-	(5)												
10.	Dunk !	1000 ani	110.													
	مل. A	£41	Bank													
I am I ha scho as a l r regu	n not emplye not a plarship. result	ployed any availed fell of check the obje	owship for or audit cted amo	five years	after adm						stage, a	ction v	vill be ta	ken to 1	refun	d, adjust
ited :_											Sig	nature	of the R	Research	Fell	ow
rtified	l that th	he enclos	sed attend	lance rec	ord has	been	verified	for the	period	from _		1	to		and	also
prog	gress o	of the S	cholar is	satisfac	tory. H	is/her	fellows	ship for	r the	month	of			amou	ıntinş	g to
		(F	Rs:										only)	may be	relea	sed.
onth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	'e	Balance Leave
o. of													30			
		-	r with sta	-	lease th	he fe	l llowship	o amoi	unt o	f Rs.		_	ure of th		with	Stamp
s															nly).	*

Fellowship ID	
207	

Name of the Fellow : Ms. Sadhna Devi Kaliramna

Enrollment No. : **04440890019**

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

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

Fellowship ID 208

STRF - 2021

S.N	lo.	Name of	the Fellov	V	1		Period			h/Perio		Fellow		Amount
					10		ip Clain Month			ship Cla o Month		amount mor		(in Rs.)
20	8 M	s. Sabita R	angra			(11011		,	(2)		.)	Rs.250		
1. N	ame of th	ne Fellow			· N	Is. Sab	ita Ran	σra						
	nrollmen					361609		s· "						
		iod of fellows	shin Claim	ed				20	fror	n ·		to		
	mount (i		mp Claim	cu										
	`	ne School				JSBT		(111	words)					
		l Address												
0. K	esidentia	1 Address												
7. M	Iobile No	o. & Email ID												
8. A	ward Let	ter No. & date	e(Copy At	ttached	l) :_									
9. N	ame of th	ne Supervisor	(s)											
10. B	ank Acco	ount No.			:_				IFS	C Code	:			
					: N	Vame of	the Bar	nk:						
A	ddress of	f the Bank												
Bodies I am no I have scholar If as a res	s or any oth ot employe not availe rship. sult of cl	any other fellower industry or frod anywhere. d fellowship for neck or auditobjected amo	m the University five years a objection	rsity. ifter adm	ission ii	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	F or any other
Dated :										Sig	nature	of the R	esearch F	ellow
Certified th	hat the e	nclosed attend	dance reco	rd has	been v	verified	for the	period	from _		1	.o	aı	nd also
the progre	ess of th	ne Scholar is	satisfacto	ory. Hi	is/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		_ (Rs:										only) :	may be re	leased.
							,						,	
Month .	Jan. Fo	eb. March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave												30		
Beave														
Ü	-	visor with sta	•	ase th	ne fel	llowshij	o amou	ant of	f Rs.		Signatı	ire of the	e Dean wi	th Stamp

Fellowship ID	
208	

Name of the Fellow : Ms. Sabita Rangra
Enrollment No. : 03616090019

Fellowship started Year 20

		renowsnip	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	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.

Fellowship ID 209

STRF - 2021

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

(Rs.	_						-1							only	y).
_		_	r with stated	_	lease tl	he fel	llowshir	o amoi	ınt o	f Rs.		_		Dean wi	tn Stamp
Signatu	una af au		u with sta									Cianat	uwa af tha	Doon wi	th Stomn
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
							1								
			Rs:				10110 W	p 101						may be re	
														amount	
				lance roc	ord has	heen	verified	for the	neriod	l from	_			esearch F	
 Ian Ian Ian Bo Ian Ihn sch If as a or regular 	n a full ti n residing m not ava dies or an n not emp ave not a colarship. result	me researce g at address ailing any y other inc ployed any wailed fell	h scholar of s mentioned other fellow dustry or from where. owship for or audit cted amo	the USS/C at Sr. No. rship, final m the Univ five years	Centres of I 6 above, v ncial assist versity.	Exceller which is tance, grantsion i	nce establinot a govrants, etc	ished undernment a from any	er Ordin ecommo other C	ance-35 of odd the United States	of the Unilic Institu	versity. tions, or includin	from the Co	RF, JRF/SR	f the Corporate F or any other
10.	Вапк л	Account	NO.												
9.		of the St Account	upervisor	(s)											
8.			No. & date		Attached	d) :_									
7.			Email ID			: 7	503364	999	Email	:					
0.	Reside	nuai Au	diess												
5. 6.		of the So ential Ad					JSBT								
4.		nt (in Rs							(in	words)	:				
3.	Month	/Period	of fellows	hip Clai	med										
2.	Enroll	ment No				: 0	391609	0019							
1.	Name	of the Fe	ellow			: N	As. Kan	ika Kh	oba					•	
2	209	Ms. K	Kanika F	Khoba									Rs.250	000/-	
	S.No.		Name of	the Fello	ow	f	ellowsh	ip Clain Month	ned	fellow	th/Perio ship Cla o Month	imed	amount mon	of one	Amount (in Rs.)
	S.No.		Name of	the Fell	OW.		Month	Period	of.	Mont	h/Perio	d of	Fellow	chin	Δ mount

Fellowship ID	
209	

Name of the Fellow : Ms. Kanika Khoba

Enrollment No. : **03916090019**

		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	ear 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.

Fellowship ID 210

STRF - 2021

S	S.No.		Name of	the Fello	ow			Period			h/Perio	I	Fellow	^	Amount
						16		ip Clain Month			ship Cla o Month		amount o	I	(in Rs.)
2	210	Ms. R	Richa Si	ngh				,					Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Ricl	ha Singl	h			L			
2.	Enroll	ment No				: 1	561649	0019							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				ISIC&								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	045091	765	Email:	:					
8.	Award	Letter N	No. & date	(Copy A	Attache	d) :_									
9.	Name	of the Si	upervisor ((s)		:_									
10.	Bank A	Account	No.												
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind bloyed any vailed fell of check	lustry or from where. owship for	n the Universive objection	ersity. after adr	mission in	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance rec	ord has	been v	verified	for the	period	from _		t	.o	ar	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
LCave	1														
Signatu	re of su	iperviso	r with sta	ımp							;	Signatu	ire of the	Dean wi	th Stamp
	nended	and f	orwarded	to rel	ease t	he fel	lowship	o amou	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
210	

Name of the Fellow : **Ms. Richa Singh**Enrollment No. : **15616490019**

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

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

Fellowship ID 211

STRF - 2021

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

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	-	Amount
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	211	Ms. K	Komal Cl	hauhan	L								Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	As. Kor	nal Cha	uhan						
2.	Enroll	ment No				: 0	491659	0019							
3.	Month	/Period	of fellowsl	hip Clain	ned	:_			20	fror	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				JSLLS								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	971252	185	Email:						
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	upervisor ((s)		:_									
10.	Bank A	Account	No.			:_				IFS	Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for t	n the Unive	ersity. after adm	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated:											Sign	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance reco	ord has	been v	verified	for the	period	from _		t	.o	ar	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
	T -					_			~			_			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	Avancu	
Leave															
Signatu	re of su	ıperviso	r with sta	mp							\$	Signatı	ire of the	Dean wi	th Stamp
Ü		•	orwarded	•	ease tl	he fel	llowship	o amoi	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
211	

Name of the Fellow : Ms. Komal Chauhan

Enrollment No. : **04916590019**

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

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

Fellowship ID 212

STRF - 2021

S	S.No.		Name of	the Fello	ow	- 1		Period			h/Perio		Fellow	^	Amount
						16		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	212	Mr. P	ankaj				(110H	11101111	,	(1)	o ivioiti.	.)	Rs.250		
 1.	Name	of the Fo	ellow			· N	Ar. Pan	kai							
2.		ment No					521659	•							
3.			of fellows	hin Clair	mad				20	from	n ·		to		
3. 4.		nt (in Rs		sinp Cian	neu										
5.		of the So	•				JSLLS		(111	worus)	•				
5. 6.		ential Ad													
0.	Reside	епиат Ао	aress												
7.	Mobil	e No. &	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	Attache										
9.			apervisor			_									
		Account	-	(5)											
10.	24	100001110	1.0.												
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind bloyed any vailed fell	lustry or from where. owship for	m the Univ	ersity. after adr	nission i	nto the F	h.D. prog	gramme	of the U	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated:		•		unt.							Sia	natura	of the Re	esearch F	ellow
						1	: 6: 1	C .1	. ,		_				
														ar	
_		-	_	satisfac	tory. F	lis/her	fellow	ship for	the	month	of			amount	_
Rs		(F	ks:										only) r	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	12141104	
Leave	1							<u> </u>							1
Signatu	re of su	ıperviso	r with sta	amp							1	Signatu	re of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rel	lease t	he fel	llowshij	p amoi	unt o	f Rs.					
(Rs														only	7).

Fellowship ID	
212	

Name of the Fellow : Mr. Pankaj
Enrollment No. : 05216590019

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

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

Fellowship ID 213

STRF - 2021

(Rs.	iciiaca	anu l	oi waiucu	. 10 16	icase li	110 101	110 W 2111]	annot	411t U	1 185.				only	/).
		_	r with sta	_	lease tl	he fel	llowshir) amoi	ınt o	f Rs		_		e Dean wi	th Stamp
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
			Rs:		y. 11	110/1101	1CHOWS	10I	. uic	ontii				may be re	
														ar _ amount	
				longo	and been	haar -	voniti - 1	for the	nomi = 1	l from					
 I an I an I an Bod I an I ha scho 	y declar a full time residing in not availies or an in not empleye not a colarship. result collarize	me researce g at addressailing any sy other incoloyed any vailed fell of check the obje	th scholar of s mentioned other fellow dustry or from where, owship for or audit cted amo	The USS/C at Sr. No. ship, finar m the Univ five years	Centres of I 6 above, v ncial assist versity.	Excellen which is tance, gr	nce establinot a govrants, etc	ished undernment a from any	er Ordina ecommo other G	ance-35 of odd the United States	of the University,	versity. tions, or includin	from the Cog IPRF, ST	SR Funds o	f the Corporate F or any other
		Account	•	(5)											
			no. & date upervisor		Attachet	_									
7. 8.			Email ID No. & date	e(Conv	Attacho										
_						:_									
6.	Reside	ential Ad	ldress												
5.	Name	of the So	chool			: U	JSBAS								
4.	Amou	nt (in Rs	.)												
3.	Month	/Period	of fellows	ship Clair	med	:_			20	froi	n :		to		
2.		ment No					424089								
1.	Name	of the Fo	ellow			· 1	As. Kan	chan							
2	213	Ms. K	Kanchan	<u> </u>			(FIOII)	i Wollul)	(1)	o ivionu	1)	Rs.250		
S	.No.		Name of	the Fello	ow	f	ellowsh	Period of the Pe	ned	fellow	th/Perio ship Cla o Month	imed	Fellow amount mon	of one	Amount (in Rs.)

Fellowship ID	
213	

Name of the Fellow : Ms. Kanchan Enrollment No. : 04240890019

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

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

Fellowship ID 214

STRF - 2021

(Rs.					-		1			==				only	/).
		_	r with sta	_	lease tl	he fel	llowshir	o amoi	ınt o	f Rs.		_		Dean wi	th Stamp
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
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			cholar is Rs:		логу. П	115/1101	ichows	211h 101	uic	monui				_ amount may be rel	
														amount	
Dated:											_				
9. 10. I hereb I an I an I an Boo I fas a or regu	Addresses Addres	Account ss of the are that me researe g at address ailing any yother ince ployed any vailed fell of check the obje	Bank	the USS/C at Sr. No. rship, finar m the Univ five years	Centres of 6 above, vicial assistersity.	:: N Exceller which is tance, grainssion i	Name of	ished undernment a from any	er Ordina ccommo other G	IFSO	of the Unitic Institu	eversity.	from the Co	SR Funds o	f the Corporate F or any other
7. 8.			Email ID No. & date	e(Copy A	Attache										
0.	reside	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	er ess			:_									
5. 6.		of the So ential Ad					JSBAS								
4.		nt (in Rs							(in	words)	:				
3.	Month	/Period	of fellows	hip Clai	med	:_			20	fron	n :		to _		
2.	Enroll	ment No				: 0	554089	0020							
1.	Name	of the Fe	ellow			: (Gourav	Arora							
2	214	Goura	av Arora	ı			(11011		,	(2)		-)	Rs.250		
S	S.No.		Name of	the Fello	ow	f	ellowsh	Period ip Clain Month	ned	fellows	h/Perioship Cla Month	imed	Fellow amount	of one	Amount (in Rs.)

214	Fellowship ID	
	214	

Name of the Fellow : Gourav Arora
Enrollment No. : 05540890020

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

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

Fellowship ID 215

STRF - 2021

S	S.No.		Name of	the Fello	W			Period			h/Perio	I	Fellow	_	Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	215	Saura	ıv Kuma	ır Maity	у								Rs.250	000/-	
1.	Name	of the Fe	ellow			: S	aurav l	Kumar	Maity			L			
2.	Enroll	ment No				: 0	594089	0020							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SBAS								
6.	Reside	ntial Ad	dress			:_									
7.	Mobile	e No. & 1	Email ID												
8.	Award	Letter N	No. & date	(Сору А	ttache										
9.	Name	of the Su	apervisor ((s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Book I an I hat scho If as a	lies or an not emp ave not a olarship.	y other ind bloyed any vailed fell of check	lustry or from where. owship for	n the Unive	ersity. after adn	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other Tund, adjust
Dated:											Sig	nature	of the Ro	esearch F	ellow
Certified	l that tl	ne enclos	sed attend	ance reco	ord has	been v	verified	for the	period	from _		t	.o	ar	nd also
the prog	gress o	f the S	cholar is	satisfact	tory. H	His/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
	1	L								1	1				
Ü		•	r with sta	-	ease f	he fel	lowshir	amoi	ınt o	f Rs	:	Signatı	ire of the	e Dean wi	th Stamp
(Rs.	Linded	1	or warded					uiiiot	01	. 100.				only	y).

Fellowship ID	
215	

Name of the Fellow : Saurav Kumar Maity

Enrollment No. : **05940890020**

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

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

Fellowship ID 216

STRF - 2021

(Rs.	_						-1							only).
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Signat-	uno of «-	manuica	u with «4»	mn								Signat-	una of the	Door wit	h Stamn
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
					· · · · · · · · · · · · · · · · · · ·				_	1.					
			Rs:				10110W	p 101						nay be rele	
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		ne enclo		lance ro	ord has	heen	verified	for the	neriod	l from				an	
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I here		ss of the													
						: 1	Name of	the Bar	nk:						
10.		Account	•	()											
9.			upervisor		ittache	_									
8.			No. & date	e(Conv.)	Attache										
7.	Mahil	a Na Pr	Email ID												
6.	Reside	ential Ad	ldress												
5.		of the So					JSBAS								
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to _		
2.	Enroll	ment No				: 0	614089	0020							
1.	Name	of the Fo	ellow			: S	hilpa							I	
	216	Shilp	а										Rs.250	000/-	
	3.INO.		Name of	the ren	JW	f	ellowsh	ip Clain Month	ned	fellow	ship Cla o Montl	imed	amount o	of one	(in Rs.)
	S.No.		Name of	the Fell	ow		Month	Period	of	Mont	th/Perio	d of	Fellow	shin	Amount

Fellowship ID	
216	

Name of the Fellow : Shilpa

Enrollment No. : **06140890020**

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

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

Fellowship ID 217

STRF - 2021

S	S.No.		Name of	the Fello	ow			Period			th/Perio	I	Fellow		Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	217	Alka	Singh									,	Rs.250	000/-	
1.	Name	of the Fe	ellow			: A	lka Sir	ıgh							
2.	Enroll	ment No				: 0	624089	0020							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SBAS								
6.	Reside	ntial Ad	dress			:_									
						:_									
7.	Mobile	e No. & 1	Email ID												
8.	Award	Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod I an I ha scho If as a	lies or and not employee not a colorship. result	y other ind bloyed any vailed fell of check	lustry or from where. owship for	m the Univ	ersity. after adı	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other Tund, adjust
Dated :_											Sig	nature	of the R	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. H	lis/her	fellows	ship for	the i	month	of			_ amount	ing to
Rs		(F	Rs:										only) :	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
	1	1								1	1				
O		•	r with sta	•							:	Signatı	ire of the	e Dean wi	th Stamp
Recomm (Rs	nended	and f	orwarded	to re	lease t	the fel	Iowship	o amou	int of	t Rs.				only	y).

Fellowship ID	
217	

Name of the Fellow : Alka Singh
Enrollment No. : 06240890020

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

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

Fellowship ID 218

STRF - 2021

S	.No.		Name of	the Fello	ow			Period of the Pe			th/Perio			wship t of one		Amount
						1		Month			o Month			nth		(in Rs.)
2	218	Saura	v Kum	ar Raw	at		,						Rs.25	000/-		
1.	Name	of the Fe	ellow			: S	aurav 1	Kumar	Rawat	t						
2.	Enroll	ment No				: 0	634089	0020								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSBAS									
6.	Reside	ntial Ad	ldress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: N	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bod I am I ha scho	lies or an n not emp eve not a plarship. result of larize	y other incolored any vailed fell of check the obje	dustry or from where. lowship for a or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity, stage, a	includin	g IPRF, S	TRF, JRF.	/SRF o	or any other adjust
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the 1	month						
Rs		(F	Rs:										only)	may be	relea	ised.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Avail	/e	Balance Leave
No. of Leave													30			
_		-	r with sta	-								Signati	ure of th	e Dean	with	Stamp
Recomm (Rs.	nended	and f	orwarded	to re	lease 1	the fel	llowship	o amoi	ant of	f Rs.					nly).	

Fellowship ID	
218	

Name of the Fellow : Saurav Kumar Rawat

Enrollment No. : **06340890020**

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

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

Fellowship ID 219

STRF - 2021

															_	
S	.No.		Name of	the Fello	ow			Period o			h/Perio	I	Fellov			mount
						1		ip Clain Month			ship Cla o Month		amount moi		(11	n Rs.)
2	219	Simra	an Mitta	al				,					Rs.25	000/-		
1.	Name	of the F	ellow			: S	imran	Mittal								
2.	Enroll	ment No).			: 0	442169	0020								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	s.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSHSS									
6.	Reside	ential Ad	ldress			:_										
						:_										
7.	Mobil	e No. &	Email ID													
8.	Award	l Letter l	No. & date	e(Copy A	Attache											
9.	Name	of the Si	upervisor	(s)												
10.	Bank .	Account	No.													
	Addre	ss of the	Bank													
Bod I am I ha scho If as a l or regu	lies or an not employe not a polarship. result olarize	y other incolors of check the obje	or audit	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	includin	g IPRF, ST	ΓRF, JRF/S	RF or	any other
Dated :_											Sig	nature	of the R	esearch	Fellov	W
Certified	l that tl	ne enclo	sed attend	lance rec	ord has	s been	verified	for the	period	from _		1	.o	8	ınd al	so
the prog	gress o	of the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the	month	of			_ amour	ıting	to
Rs		(F	Rs:										only)	may be r	elease	ed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed		Balance Leave
No. of Leave													30			
	1							l		ı	l					
_		-	or with sta	-							1	Signatı	ire of th	e Dean w	ith S	tamp
Recomm (Rs.	nended	and f	forwarded	to re	lease 1	the fe	llowship	o amou	int o	f Rs.				on	ly).	

Fellowship ID	
219	

Name of the Fellow : Simran Mittal
Enrollment No. : 04421690020

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

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

Fellowship ID 220

STRF - 2021

															_
S	.No.		Name of	the Fello	ow			Period			th/Perio		Fellow	-	Amount
						1		ip Clain Month			ship Cla o Month		amount mon	I	(in Rs.)
2	20	Aabh	a Sagar							`		,	Rs.250	000/-	
1.	Name	of the Fo	ellow			: A	\abha S	agar				l			
2.	Enroll	ment No) .			: 0	721659	0020							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSLLS								
6.	Reside	ntial Ad	ldress			:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	953201	333	Email:						
8.	Award	Letter 1	No. & date	e(Copy A	Attache	ed) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: 1	Name of	the Ba	nk:						
	Addre	ss of the	Bank												
 I am Bod I am I ha scho If as a lor regular 	n not availies or an in not employe not a plarship. result (larize to a substitution)	ailing any y other inc bloyed any vailed fell of check the obje	dustry or from where. lowship for a or audit cted amo	rship, finar m the Univ five years objectio	ncial assi versity. after ad	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SF ken to re	of the Corporate RF or any other fund, adjust
Dated :_														esearch I	
			sed attend												
the prog	gress o	f the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the i	month					
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1	I	ı		l	l	l		<u> </u>		I	l	1	1	
_		-	r with sta	-								Signatı	ire of the	Dean w	ith Stamp
Recomm (Rs.	nended	and f	forwarded	to re	lease	the fe	llowship	amoi	unt of	f Rs.		-		onl	y).

Fellowship ID	
220	

Name of the Fellow : Aabha Sagar Enrollment No. : 07216590020

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

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

Fellowship ID

STRF - 2021

(Rs.							1							only	·).
		_	r with stated	_	lease t	he fel	llowshir	o amoi	ınt o	f Rs.		_		Dean wit	ıı Stamp
Signatu	ra of s	Inervise	r with sta	ımn								Sianot	ure of the	Dean wi	h Stamp
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
			Rs:				20110 111	101						nay be rel	
														amount	
				lance rec	ord has	haan	varified	for the	nariad	from	_				
I hereb ❖ I an ❖ I an ❖ I an Boo ❖ I an ❖ I ha scho If as a	Addresov declar a full tin residing in not ave lies or am in not empare not a colarship. result of larize	ss of the nre that me researce at address illing any yother incoloped any vailed fell of check the obje	Bank	the USS/C at Sr. No. rship, finar in the Univ five years	Centres of 6 above, v ncial assis versity. after adn	Exceller which is tance, granission i	Name of	ished undernment a from any	er Ordinaccommo	ance-35 odation. Govt./Pub	of the Unition Institution Ins	versity. tions, or includin	from the Co	SR Funds of RF, JRF/SR	The Corporate F or any other und, adjust
		Account	-												
			ipervisor		Attache	_									
7. 8.			Email ID No. & date	e(Conv.)	Attache										
7	26.17	M 0	E 11 ID			:_									
6.	Reside	ential Ad	dress												
5.	Name	of the So	chool			: U	JSLLS								
4.		nt (in Rs		1											
3.			of fellows	hip Clair	med				20	froi	n :		to		
1. 2.		or the Fo ment No					apeksha 791659	_							
		of the Fo					- alvah	. Cin ah							
2	221	Apek	sha Sin	gh.			(From	Month)	(Te	o Montl	n)	mon Rs.250		
S	S.No.		Name of	the Fello	ow	f	ellowsh	Period o	ned	fellow	th/Perio ship Cla	imed	Fellow amount	of one	Amount (in Rs.)
															_

Fellowship ID	
221	

Name of the Fellow : Apeksha Singh
Enrollment No. : 07916590020

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

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

Fellowship ID

STRF - 2021

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

S.No.	Name	of the Fell	ow			Period o			th/Perio		Fellow	^	Amount
				1		ip Clain Month			ship Cla o Montl		amount mon		(in Rs.)
222	Richi Pahı	ıja				,					Rs.250	000/-	
1. Name	of the Fellow			: F	Richi Pa	huja							
2. Enroll	ment No.			: 0	256999	0720							
3. Month	/Period of fello	wship Clai	med	:_			20	from	n :		to		
4. Amou	nt (in Rs.)			:_			(in	words)	:				
5. Name	of the School			: U	JSE								
6. Reside	ential Address			:_									
				:_									
7. Mobile	e No. & Email	ID		: 8	279769	632	Email:	:					
8. Award	l Letter No. &	date(Copy	Attache	e d) :_									
9. Name	of the Supervis	sor (s)											
10. Bank	Account No.												
				: N	Name of	the Bar	nk:						
Addre	ss of the Bank												
Bodies or an I am not emp I have not a scholarship. If as a result or regularize	ailing any other fe ty other industry or ployed anywhere. tvailed fellowship of check or au the objected a	from the United for five years dit objection	versity. s after adr	mission i	nto the F	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SR cen to ref	F or any other
Dated :										,		esearch F	ellow
Certified that the	he enclosed att	endance re	cord has	been	verified	for the	period	l from _		1	to	ar	nd also
the progress of	of the Scholar	is satisfa	ctory. F	His/her	fellow	ship for	the	month	of			_ amount	ing to
Rs	(Rs:										only) 1	may be rel	eased.
Month Jan.	Feb. Marc	ch April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of											30	Avancu	
Leave									1				
Signature of su Recommended (Rs.	•	-	elease t	the fel	llowshij	p amoi	unt o	f Rs.		Signatı	ure of the	Dean wi	

Fellowship ID	
222	

Name of the Fellow : Richi Pahuja
Enrollment No. : 02569990720

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

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

Fellowship ID 223

STRF - 2021

S.No.		Name of th	ne Fellow	1	fellowsh	Period ip Clair Month	ned	fellow	th/Perio ship Cla o Month	imed	Fellov amount mor	of one	Amoun (in Rs.)	
223	Surbl	ni Maheno	dru		(110H	i ivioiitii	,	(1)	o ivioliti	1)	Rs.25			
1. Nar	ne of the Fo	ellow		: \$	Surbhi I	Mahend	lru							
2. Enr	ollment No) .		: (721669	0020								
3. Mo	nth/Period	of fellowshi	p Claime	d :_			20	from	n :		to			
4. Am	ount (in Rs	.)		:_			(in	words)	:					_
5. Nar	ne of the So	chool		:1	USMS									
6. Res	idential Ad	ldress												
7. Mo	bile No. &	Email ID		:_										
8. Aw	ard Letter N	No. & date(Copy Atta	ached) :										-
9. Nar	ne of the Si	upervisor (s))											
10. Bar	k Account	No.		:_				IFS	C Code	:				_
				:]	Name of	the Bar	nk:							
Ado	dress of the	Bank												
❖ I am not Bodies of❖ I am not	availing any rany other incomployed any ot availed fell ip. It of check ze the obje	owship for five or audit of cted amour	ip, financial the Universion we years after bjection,	l assistance, g ity. er admission	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	TRF, JRF/S	RF or any o	ther
			****	d haa haan	vanifiad	for the	maniad	from						
Certified that the progress														
Rs.			satisfactor	y. His/Her	lellows	siiip 10i	the	шошш	01			_ amoun	-	
10	(1	w									()	may be iv	neasea.	
Month Ja	n. Feb.	March	April M	lay June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balan Leav	
No. of Leave											30			
Signature of Recommend (Rs.	-		-	se the fe	llowshij	o amoi	unt of	f Rs.		Signati	ire of the	e Dean w	ith Stamp)

Fellowship ID	
223	

Name of the Fellow : Surbhi Mahendru
Enrollment No. : 07216690020

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

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

Fellowship ID

STRF - 2021

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

S.	.No.		Name of	the Fello	ow	f		Period of the Pe			h/Perio ship Cla		Fellov	-		Amount in Rs.)
						1		Month			o Month		mo			in its.)
2	24	Akan	sha Sin	gh			•	,					Rs.25	000/-		
1.	Name	of the Fe	ellow			: A	kansh	a Singh				I				
2.	Enroll	ment No				: 1	751649	0020								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSIC&	Γ								
6.	Reside	ential Ad	dress													
7.	Mobile	e No. &	Email ID			:_										
			No. & date	e(Conv	Attacha											
			apervisor		ittacii	_										
		Account	-	(3)												
10.	Dank 2	recount	110.													
	Δddre	ss of the	Bank													
Bodi ❖ I am ❖ I have scho If as a r	ies or an not empore not a larship.	y other ind bloyed any vailed fell of check	lustry or from where. owship for	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	includin	g IPRF, S	ΓRF, JRF/S	SRF o	e Corporate or any other d, adjust
Dated :_											Sig	nature	of the R	Research	Fello	ow
Certified	that th	ne enclos	sed attend	lance rec	ord has	s been	verified	for the	period	from _		1	to		and	also
the prog	ress o	f the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the	month	of			_ amou	nting	g to
Rs		(F	Rs:										only)	may be	relea	sed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	e	Balance Leave
No. of Leave													30			
Sionatur	e of si	inerviso	r with sta	amn								Sionati	ire of th	e Dean v	with	Stamn
_		-	orwarded	-	lease	the fe	llowshij	o amoi	int o	f Rs.					nly).	~*************************************

	Fellowsh	ip ID
224	22	24

Name of the Fellow : Akansha Singh
Enrollment No. : 17516490020

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

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

Fellowship ID 225

STRF - 2021

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

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_		_	r with sta forwarded	_	lease t	he fel	llowshir	o amoi	ınt o	f Rs.		_			th Stamp
No. of Leave													30		
Mont		Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
					'										
			Rs:		y. 11	.13/1101	TOHOWS	b 101	uic i	VIIIII			only) 1		
			sed attend cholar is												
				laa		L		£ 41.		£	_				
9. 10 1 her 1 i i i i i i i i i i i i i i i i i i	Addre Addre Addre by decla am a full ti am residing am not ava sodies or am am not em have not a cholarship. a result	Account ss of the are that me researe g at address ailing any up other ince ployed any vailed fell of check the obje	Bank	the USS/C at Sr. No. rship, finar m the Univ five years	Centres of 6 above, v icial assis versity.	:: N Exceller which is tance, grainission i	Name of	Sthe Bar ished undernment a from any h.D. prog	er Ordina ccommo other G	IFS0	C Code of the Unition Institution Inversity,	eversity.	from the Co	SR Funds o RF, JRF/SR	f the Corporate F or any other
7. 8.			Email ID No. & date	e(Copy A	Attache										
						:_									
6.	Reside	ential Ad	ldress												
5.		of the So					JSIC&T		(,					
3. 4.		nt (in Rs	of fellows	шр Стап	inea								to _		
2.		ment No		hin Clair	mad		791649		20	fmon			to		
1.		of the Fe					Arshi H								
	225	Arsni	Husain										Rs.250	000/-	
						I		ip Clain Month			ship Cla o Month		amount	th	(in Rs.)
	S.No.		Name of	the Fello	ow	-		Period of			th/Perio	- 1	Fellow	. ^	Amount

Fellowship ID	
225	

Name of the Fellow : Arshi Husain Enrollment No. : 17916490020

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

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