

1

IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>
S	No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	1	DINESH RAWAT				
1.	Name	of the Fellow	: DINESH R	AWAT		
2.	Enrollı	ment No.	: 9003002011	4		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amour	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USMS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to	and	l also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amountir	ng to
Rs				(Rs:								only) may be rele	ased.

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

Signature of supervisor with stamp

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



: DINESH RAWAT : 90030020114

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

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

Fellowship ID



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IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	2	SWADHA AGARWAL				
1.	Name	of the Fellow	: SWADHA	AGARWAL		
2.	Enrolli	ment No.	: 9004402011	4		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USMS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

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♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

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



Name of the Fellow

: SWADHA AGARWAL : 90044020114

Enrollment No.

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





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IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE O	F FELLOWSHIP : IP	<u>Kr</u>							
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount							
				fellowship Claimed	fellowship Claimed	(in Rs.)							
				(From Month)	(To Month)								
	3	VRINDA GOEL											
1.	Name	of the Fellow	: VRINDA G	OEL									
2.	Enrolli	ment No.	: 9004703011	4									
3.	Month	/Period of fellowship Claimed	:	20 from :	to								
4.	Amour	nt (in Rs.)	:	(in words):									
5.	Name	of the School	: USCT										
6.	Reside	ential Address	:										
			:										
			:										
7.	Mobile	e No. & Email ID	:	Email:									
8.	Award	Letter No. & date(Copy Attached)	:										
9.	Name	of the Supervisor (s)	:										
10.	Bank A	Account No.	:	IFSC Co	de :								
			: Name of the	e Bank:									
	Addres	ss of the Bank											

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♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: VRINDA GOEL : 90047030114

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

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



4

IPRF

	PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF										
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	4	SHWETA GUPTA									
1.	Name	of the Fellow	: SHWETA (GUPTA							
2.	Enrolli	ment No.	: 9004603011	0046030114							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USCT								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

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Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Envolument No	

: SHWETA GUPTA

Enrollment No.

: 90046030114

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

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





IPRF

	PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPKF											
S	S.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	5	MANJU										
1.	Name	of the Fellow	: MANJU									
2.	Enrolli	ment No.	: 90085090114									
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
7.	Mobile	e No. & Email ID		Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the Bank:									
	Addres	as of the Bank										

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Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: MANJU : 90085090114

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

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





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	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	6	SATISH PRASAD									
1.	Name	of the Fellow	: SATISH PI	RASAD							
2.	Enrollı	ment No.	: 9008005011	4							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amour	nt (in Rs.)	:	(in words):							
5.	Name	of the School	USEM								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	as of the Bank									

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Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: SATISH PRASAD : 90080050114

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	<u> FELLOWSHIP : IP</u>	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	7	CHARU TYAGI				
1.	Name	of the Fellow	: CHARU TY	YAGI		
2.	Enrolli	ment No.	: 9007205011	4		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USEM			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)				
10.	Bank A	Account No.	:	IFSC Code	e:	
			: Name of the	Bank:	····	
	Addres	ss of the Bank				

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Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: CHARU TYAGI : 90072050114

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

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





IPRF

	<u>PR(</u>	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	8	ADITI SRIVASTAV				
1.	Name	of the Fellow	: ADITI SRI	VASTAV		
2.	Enrolli	ment No.	: 9004904011	.4		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amour	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USBT			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

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♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow

: ADITI SRIVASTAV : 90049040114

Enrollment No.

		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.

IPRF



9

	PROFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S.N	O. Name of the Fellow		Month/Period of	Month/Period of	Amoun						
			fellowship Claimed	fellowship Claimed	(in Rs.)						
			(From Month)	(To Month)							
9	BARNASHREE KHASNO	DBIS									
1. Na	ame of the Fellow	: BARNASH	IREE KHASNOBIS								
2. Er	nrollment No.	: 90061100114									
3. M	onth/Period of fellowship Claimed	:	20 from :	to							
4. Ai	mount (in Rs.)	:(in words):									
5. Na	ame of the School	: USHSS									
6. Re	esidential Address	:									
. М	obile No. & Email ID		Email:								
3. Av	ward Letter No. & date(Copy Attached)	:									
). Na	ame of the Supervisor (s)	:									
10. Ba	ank Account No.	:IFSC Code :									
		: Name of the Bank:									
A	ddress of the Bank										

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Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to	and a	lso
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting	to
Rs				(Rs:								_only) may be releas	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		

Signature of supervisor with stamp

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



Name of the Fellow

: BARNASHREE KHASNOBIS

Enrollment No.

: 90061100114

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

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



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	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	10	SAUREESH DAS										
1.	Name	of the Fellow	: SAUREESI	SAUREESH DAS								
2.	Enrolli	ment No.	: 9008809021	90088090214								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amour	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	:	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	f the Bank:								
	Addres	ss of the Bank										

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Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: SAUREESH DAS : 90088090214

Enrollment No.

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.



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	11	BARNALI SAHA									
1.	Name	of the Fellow	: BARNALI	SAHA							
2.	Enroll	ment No.	: 9006010011	: 90060100114							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USHSS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Cod	e :						
			: Name of the	Bank:							
	Addres	as of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may b	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: BARNALI SAHA : 90060100114

rollment No.

Fellowship started Year 20____ Mar April

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.



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

	INC	JTORMA FOR SUDMITTING III	E CLAINI FU	ITTE KE	LEASE OF	FELLOWSHIII . II	IVI.
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount
~				fellowship	o Claimed	fellowship Claimed	(in Rs.)
				(From 2	Month)	(To Month)	
	12	SHUBHRA GOYAL					
1.	Name	of the Fellow	: SHUBHRA	GOYAL			
2.	Enrollı	ment No.	: 9002401011	4			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amou	nt (in Rs.)	:	(in v	vords):		
5.	Name	of the School	: USICT				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	:	En	nail:		
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)	:				
10.	Bank A	Account No.	:		IFSC Code	e:	
			: Name of the	Bank:			
	Addres	ss of the Bank					

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: SHUBHRA GOYAL : 90024010114

Enrollment No.

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



3

IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE OI	F FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	13	VIDHI TYAGI				
1.	Name	of the Fellow	: VIDHI TYA	AGI		
2.	Enrolli	ment No.	: 9005604011	4		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USBT			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to	and also	0
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to	0
Rs				(Rs:								_only) may be released	1.

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

Signature of supervisor with stamp

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



Name of the Fellow	: VIDHI TYAGI
Enrollment No.	: 90056040114

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



4

IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	AIM FOR THE RELEASE OF FELLOWSHIP : IPRF								
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	14	SUDESH YADAV										
1.	Name	of the Fellow	: SUDESH Y	ADAV								
2.	Enrollı	ment No.	: 9002201121	22011215								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USICT	USICT								
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	:	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)										
10.	Bank A	Account No.	:	IFSC Cod	e :							
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	t	0	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of		mounting to
Rs				(Rs:								only) mag	y be released.

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

Signature of supervisor with stamp

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



: SUDESH YADAV : 90022011215

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

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



5

IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF								
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
~				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	15	MRINALINI SRIVASTAV	Ά									
1.	Name	of the Fellow	: MRINALIN	NI SRIVASTAVA								
2.	Enrollı	ment No.	: 9003802121	90038021215								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USMS									
6.	Reside	ntial Address	:									
7.	Mobile	e No. & Email ID		Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)										
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	tc	·	_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_ only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: MRINALINI SRIVASTAVA : 90038021215

Enrollment No.

		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.



16

IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	AIM FOR THE RELEASE OF FELLOWSHIP : IPRF								
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
~				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	16	DIMPLE PRUTHI										
1.	Name	of the Fellow	: DIMPLE P	RUTHI								
2.	Enrolli	ment No.	: 90079092215									
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	:	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	Bank:	····							
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certifi	ied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the pr	rogress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: DIMPLE PRUTHI : 90079092215

Enrollment No.

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RE	LEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/I	Period of	Month/Period of	Amount
				fellowshi	p Claimed	fellowship Claimed	(in Rs.)
				(From	Month)	(To Month)	
	17	GAZALA SHARIF					
1.	Name	of the Fellow	: GAZALA S	SHARIF			
2.	Enrollı	ment No.	: 9011311121	5			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amour	nt (in Rs.)	:	(in v	words):		,
5.	Name	of the School	: USLLS				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	:	Er	nail:		
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)	:				
10.	Bank A	Account No.	:		IFSC Code	e :	
			: Name of the	Bank:			
	Addres	ss of the Bank					

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: GAZALA SHARIF : 90113111215

		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.



18

IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	18	SHILPIKA PANDEY				
1.	Name	of the Fellow	: SHILPIKA	PANDEY		
2.	Enrolli	nent No.	: 9011811121	15		
3.	Month	Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USLLS			
6.	Reside	ntial Address	:			
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)				
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	e Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	tc	·	_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_ only) may be	released.

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

Signature of supervisor with stamp

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



: SHILPIKA PANDEY : 90118111215

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

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



IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	20	PRERNA SHARMA									
1.	Name	of the Fellow	: PRERNA S	HARMA							
2.	Enrollı	ment No.	: 9006305121	5							
3.	Month	/Period of fellowship Claimed	:	20 from : to							
4.	Amour	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USEM								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	fied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to_	and also
the p	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: PRERNA SHARMA : 90063051215

Enrollment No.

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
~				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	21	MADHURI YADAV									
1.	Name	of the Fellow	: MADHURI	YADAV							
2.	Enroll	ment No.	: 9001001121	5							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USICT								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID		Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)									
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	of the Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : MADHURI YADAV : 90010011215

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	22	SHIVANGI									
1.	Name	of the Fellow	: SHIVANG	[
2.	Enrollı	ment No.	: 9005403121	5							
3.	Month	/Period of fellowship Claimed	:20 from : to								
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USCT								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from		to	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	:	amounting to
Rs				(Rs:								only) ma	y be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: SHIVANGI
Enrollment No.	: 90054031215

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



IPRF

	<u>PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF</u>											
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	23	RITU VERMA										
1.	Name	of the Fellow	: RITU VER	MA								
2.	Enrolli	ment No.	: 9005203121	5								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USCT									
6.	Reside	ntial Address	:									
7.	Mobile	e No. & Email ID		Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: RITU VERMA : 90052031215

Enrollment No.

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
~				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	24	BANDITA MOHAPATRA									
1.	Name	of the Fellow	: BANDITA	MOHAPATRA							
2.	Enroll	ment No.	: 9005504121	5							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USBT								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)									
10.	Bank A	Account No.	:	IFSC Cod	e :						
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



: BANDITA MOHAPATRA

Enrollment No.

: 90055041215

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

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



25

IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RE	LEASE OF	FELLOWSHIP: IP	<u>'RF</u>
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount
				fellowship	p Claimed	fellowship Claimed	(in Rs.)
				(From	Month)	(To Month)	
	25	SHRUTI SHARMA					
1.	Name	of the Fellow	: SHRUTI SI	HARMA			
2.	Enrolli	nent No.	: 9009910121	5			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amour	nt (in Rs.)	:	(in v	vords):		
5.	Name	of the School	: USHSS				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	:	Er	nail:		
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)	:				
10.	Bank A	Account No.	:		IFSC Code	e:	
			: Name of the	Bank:			
	Addres	ss of the Bank					

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	fied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to_	and also
the p	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No : SHRUTI SHARMA : 90099101215

Enrollment No.

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	26	SHWETA TIWARI				
1.	Name	of the Fellow	: SHWETA 1	ГIWARI		
2.	Enrolli	ment No.	: 9010010121	5		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USHSS			
6.	Reside	ential Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : SHWETA TIWARI : 90100101215

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	<u> FELLOWSHIP : IP</u>	<u>KF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	27	RASHI GUPTA				
1.	Name	of the Fellow	: RASHI GU	РТА		
2.	Enrollı	ment No.	: 9008709321	5		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USBAS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code	e:	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: RASHI GUPTA : 90087093215

Enrollment No.

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	28	GARIMA RAI				
1.	Name	of the Fellow	: GARIMA I	RAI		
2.	Enroll	ment No.	:0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USLLS			
6.	Reside	ntial Address				
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	e Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



: GARIMA RAI :0

Enrollment No.

T	F 1		A '1		T	
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	Мау	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Tear 20			
Jan	Feb	Mar	April	Мау	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.



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	29	ANANT VIJAY MARIA				
1.	Name	of the Fellow	: ANANT VI	JAY MARIA		
2.	Enrollı	nent No.	: 0			
3.	Month	Period of fellowship Claimed	:	20 from :	to	
4.	Amour	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USLLS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	s of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: ANANT VIJAY MARIA

:0

Enrollment No.

		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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	30	KRITI SINGH				
1.	Name	of the Fellow	: KRITI SIN	GH		
2.	Enrolli	ment No.	:0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USCT			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cer	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs.				(Rs:								_only) may b	e released.

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

Signature of supervisor with stamp

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



: KRITI SINGH

Enrollment No.

:0

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	31	ANCHAL GARG				
1.	Name	of the Fellow	: ANCHAL (GARG		
2.	Enrollı	ment No.	:0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USEM			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	e Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



: ANCHAL GARG

Enrollment No.

:0

	Fellowship	started Year 20	_		
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	Year 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	Year 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	Year 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	Year 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb	FebMarAugSepAugSepFebMarAugSepAugSepFebMarAugSepFebMarFebMarFebMarFebSepFebMarFebMarFebMarFebMar	FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarAprilFebMarAprilAugSepOct.FebSepOct.FebSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril	AugSepOct.Nov.AugSepOct.Nov.Year 20Year 20MayMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayFebSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilNov.Year 20Year 20Year 20FebMarAprilMayYear 20Year 20Year 20Year 20Year 20Year 20FebMarAprilMayYear 20Year 20 <t< td=""><td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune</td></t<>	FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	32	SAKSHI NANGIA				
1.	Name	of the Fellow	: SAKSHI N	ANGIA		
2.	Enroll	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USEM			
6.	Reside	ntial Address	:			
			:			
7.	Mahil	e No. & Email ID		Email		
7.	MODII	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: SAKSHI NANGIA

Enrollment No.

: 0

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



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE O	F FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	33	SAHIL DALAL				
1.	Name	of the Fellow	: SAHIL DA	LAL		
2.	Enrolli	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USICT			
6.	Reside	ntial Address	:			
			:			
7.	Mobile	e No. & Email ID				
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)				
10.	Bank A	Account No.	:	IFSC Cod	le :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



: SAHIL DALAL

Enrollment No.

:0

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
~				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	34	NEHA JAIN				
1.	Name	of the Fellow	: NEHA JAI	N		
2.	Enrolli	ment No.	: 0321649331	6		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USICT			
6.	Reside	ntial Address	:			
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to	and	also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting	g to
Rs				(Rs:								only) may be relea	ased.

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

Signature of supervisor with stamp

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



Name of the Fellow	: NEHA JAIN
Enrollment No.	: 03216493316

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
~				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	35	MANIK BATRA				
1.	Name	of the Fellow	: MANIK BA	ATRA		
2.	Enrollı	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USMS			
6.	Reside	ntial Address	:			
			:			
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: MANIK BATRA

Enrollment No.

:0

	Fellowship	started Year 20	_	
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Y	Tear 20		
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Y	fear 20		
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Y	fear 20		
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Y	Tear 20		
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Aug Feb Aug Feb Aug Feb Aug Feb Feb	FebMarAugSepAugSepFebMarAugSepAugSepFebMarAugSepFebMarFebMarFebMarFebSepFebMarFebMarFebMarFebMarFebMarFebMar	Aug Sep Oct. Aug Sep Oct. Feb Mar April Aug Sep Oct. Aug Sep Oct. Aug Sep Oct. Aug Sep Oct. Feb Mar April Aug Sep Oct. Feb Mar April Aug Sep Oct. Feb Mar April Aug Sep Oct. Pear 20 Year 20 Year 20 Year 20 Feb Mar April Feb Mar April Feb Mar April Feb Mar April	FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayFebSepOct.Nov.FebMarAprilMayFebMarAprilNov.FebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMay

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.



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	36	SHWETA KUNDLIA				
1.	Name	of the Fellow	: SHWETA	KUNDLIA		
2.	Enrolli	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USMS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	e Bank:		
	Addres	as of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: SHWETA KUNDLIA

:0

Enrollment No.

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RE	LEASE OF	<u>' FELLOWSHIP : IP</u>	<u>RF</u>				
S	.No.	No. Name of the Fellow		Name of the Fellow Month/Period of fellowship Claimed (From Month)							
	37	KHUSHBOO CHOUDHU	RY								
1.	Name	of the Fellow	: KHUSHBO	O CHOUD	HURY	· · · · ·					
2.	Enroll	ment No.	: 0								
3.	Month	/Period of fellowship Claimed	: 20 from : to								
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USBT								
6.	Reside	ential Address	:								
			:								
7.	Mobile	e No. & Email ID									
8.	. Award Letter No. & date(Copy Attached)										
9.		of the Supervisor (s)									
10.	0. Bank Account No.		:IFSC Code :								
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	od from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No.

: KHUSHBOO CHOUDHURY

:0

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF								
S	.No.	Name of the Fellow		Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)						
	38	DIVYANI REDHU										
1.	Name	of the Fellow	: DIVYANI	REDHU								
2.	Enrolli	ment No.	: 0									
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USMC									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	:	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	·									
10.	Bank A	Account No.	:IFSC Code :									
			: Name of the Bank:									
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to	and	i also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amountir	ng to
Rs				(Rs:								_only) may be rele	ased.

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

Signature of supervisor with stamp

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



: DIVYANI REDHU

:0

Enrollment No.

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OI	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	39	DIVYA BARANWAL									
1.	Name	of the Fellow	: DIVYA BA	RANWAL							
2.	Enrolli	ment No.	: 0								
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USE								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:IFSC Code :								
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: DIVYA BARANWAL

:0

Enrollment No.

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

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.



40

IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
-	40	BHAWNA SINGH										
1.	Name	of the Fellow	: BHAWNA	SINGH								
2.	Enrolli	ment No.	: 0									
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USHSS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID		Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	d) :									
10.	Bank A	Account No.	:IFSC Code :									
			: Name of the Bank:									
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	tc	·	_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_ only) may be	released.

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

Signature of supervisor with stamp

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



: BHAWNA SINGH

:0

Enrollment No.

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RE	LEASE OF	FELLOWSHIP : IF	<u>'RF</u>
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount
				fellowship	o Claimed	fellowship Claimed	(in Rs.)
				(From 1	Month)	(To Month)	
"	41	SHWETA TEWARI					
1.	Name	of the Fellow	: SHWETA 7	ΓEWARI			
2.	Enrolli	ment No.	: 0				
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amou	nt (in Rs.)	:	(in w	vords):		
5.	Name	of the School	: USE				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	:	En	nail:		
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)					
10.	Bank A	Account No.				e:	
	Addres	ss of the Bank					

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to) i	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amou	nting to
Rs				(Rs:								_ only) may be r	eleased.

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

Signature of supervisor with stamp

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



: SHWETA TEWARI

:0

Enrollment No.

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	S.No.	Name of the Fellow		Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Amount (in Rs.)
				(From Month)	(To Month)	
I	42	SAWETAJI				
1.	Name	of the Fellow	: SAWETAJ	I		
2.	Enrolli	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USBT			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)				
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	e Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: SAWETAJI :0

Enrollment No.

		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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IF	<u>PRF</u>				
S	.No.	Name of the Fellow		Month/P	eriod of	Month/Period of	Amount				
				fellowship	Claimed	fellowship Claimed	(in Rs.)				
				(From 1	Month)	(To Month)					
-	43	UPLABDHI TYAGI									
1.	Name	of the Fellow	: UPLABDH	I TYAGI							
2.	Enrolli	nent No.	: 0								
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:	(in w	vords):						
5.	Name	of the School	: USCT								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	En	nail:						
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:		_IFSC Code	e:					
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



: UPLABDHI TYAGI

:0

Enrollment No.

		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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE O	F FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
1	44	ANJALI PANWAR									
1.	Name	of the Fellow	: ANJALI PA	ANWAR							
2.	Enroll	ment No.	: 0								
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USBAS								
6.	Reside	ential Address	:								
			:								
7.	Mobile	e No. & Email ID									
8.	Award	Letter No. & date(Copy Attached)									
9.		of the Supervisor (s)	1) : :								
10.	Bank A	Account No.	:IFSC Code :								
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to	and	i also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amountir	ng to
Rs				(Rs:								_only) may be rele	ased.

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

Signature of supervisor with stamp

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



: ANJALI PANWAR

:0

Enrollment No.

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



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RE	LEASE OF	FELLOWSHIP :	<u>PRF</u>					
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount					
				fellowship	o Claimed	fellowship Claimed	(in Rs.)					
				(From 2	Month)	(To Month)						
4	45	RITESH KUMAR										
1.	Name	of the Fellow	: RITESH K	UMAR								
2.	Enrolli	nent No.	: 0									
3.	Month	Period of fellowship Claimed	:	20	from :	to						
4.	Amou	nt (in Rs.)	:	(in v	vords):							
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	No. & Email ID	:	En	nail:							
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:IFSC Code :									
			: Name of the Bank:									
	Addres	s of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: RITESH KUMAR

:0

Enrollment No.

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

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





IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
4	46	Parul Ahuja				
1.	Name	of the Fellow	: Parul Ahuj	a		
2.	Enroll	ment No.	:0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USMS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	e Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

It is also certified that I am not employed anywhere. I am a full time research scholar of the University. $\dot{\mathbf{v}}$

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: Parul Ahuja :0

Enrollment No.

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.



IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	RF
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	47	Mansi Jain				
1.	Name	of the Fellow	: Mansi Jain			
2.	Enrolli	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USMS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: Mansi Jain

:0

Enrollment No.

Fellowship started Year 20_____

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

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





IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>Kľ</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
~				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
4	48	Priyanka Sachdeva										
1.	Name	of the Fellow	: Priyanka S	achdeva								
2.	Enrollment No.		: 0									
3.	Month/Period of fellowship Claimed		:	20 from :	to							
4.	Amount (in Rs.)		:	(in words):								
5.	Name	of the School	: USMC									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	:	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name of the Supervisor (s)		:									
10.	Bank Account No.		:IFSC Code :									
			: Name of the Bank:									
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



: Priyanka Sachdeva

:0

Enrollment No.

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

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





IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>			
S	.No.	Name of the Fellow		Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)			
1	49	Kavita			(101/10/04)				
1.	Name	of the Fellow	: Kavita						
2.	Enrolli	ment No.	:0						
3.	Month	/Period of fellowship Claimed	:	20 from :	to				
4.	Amou	nt (in Rs.)	:	(in words):					
5.	Name	Amount (in Rs.) Name of the School							
6.	Reside	ntial Address	:						
			:						
			:						
7.	Mobile	e No. & Email ID	:	Email:					
8.	Award	Letter No. & date(Copy Attached)	:						
9.	Name	of the Supervisor (s)							
10.	Bank Account No.		:IFSC Code :						
			: Name of the Bank:						
	Addres	ss of the Bank							

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



: Kavita :0

Enrollment No.

Fellowship started Year 20_____

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	<u> FELLOWSHIP : IP</u>	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	50	Shivani Singh				
1.	Name	of the Fellow	: Shivani Sin	gh		
2.	Enrolli	ment No.	:0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USLLS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e:	
			: Name of the	e Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cer	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to	and	also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amountin	ig to
Rs.				(Rs:								only) may be relea	ased.

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

Signature of supervisor with stamp

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



: Shivani Singh

:0

Enrollment No.

Fellowship started Year 20_____

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

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



IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	RF
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
ļ	51	Shivani Jain				
1.	Name	of the Fellow	: Shivani Jai	n		
2.	Enrollı	nent No.	: 1161649231	7		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USICT			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Code	e :	
			: Name of the	Bank:		
	Addres	as of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Shivani Jain
Enrollment No.	: 11616492317

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



IPRF

	<u>PR(</u>	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	RF
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	52	Ruchikaa Nayyar				
1.	Name	of the Fellow	: Ruchikaa N	layyar		
2.	Enroll	nent No.	: 1171649231	7		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USICT			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ruchikaa Nayyar
Enrollment No.	: 11716492317

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	F FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	53	Jaishree Kapur				
1.	Name	of the Fellow	: Jaishree Ka	apur		
2.	Enrolli	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USHSS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	e Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



: Jaishree Kapur

:0

Enrollment No.

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	54	Kanika Puri				
1.	Name	of the Fellow	: Kanika Pur	i		
2.	Enrollı	ment No.	: 0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USHSS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	:	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may b	e released.

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

Signature of supervisor with stamp

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



: Kanika Puri

:0

Enrollment No.

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>				
S	.No.	Name of the Fellow		Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Amount (in Rs.)				
				(From Month)	(To Month)	(111103.)				
	55	Anuja								
1.	Name	of the Fellow	: Anuja							
2.	Enrolli	ment No.	:0							
3.	Month	/Period of fellowship Claimed	:							
4.	Amou	nt (in Rs.)	:	(in words):						
5.	Name	of the School	: USEM							
6.	Reside	ntial Address								
7.	Mobile	e No. & Email ID	:	Email:						
8.	Award	Letter No. & date(Copy Attached)	:							
9.	Name	of the Supervisor (s)	·							
10.	Bank A	Account No.		IFSC Cod						
			: Name of the	e Bank:						
	Addres	ss of the Bank								

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



: Anuja :0

Enrollment No.

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

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



IPRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
~				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
ļ	56	Deepesh Goyal									
1.	Name	of the Fellow	: Deepesh Go	oyal							
2.	Enrollı	nent No.	:0								
3.	Month	Period of fellowship Claimed	: 20 from : to								
4.	Amour	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USEM								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	:	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Cod	le :						
			: Name of the Bank:								
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: Deepesh Goyal

:0

Enrollment No.

Fellowship started Year 20_____

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

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



IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
ļ	57	Nikita Wadhwa										
1.	Name	of the Fellow	: Nikita Wad	lhwa								
2.	Enrollı	ment No.	:0									
3.	Month	Period of fellowship Claimed	:tototototototo									
4.	Amour	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBT									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	:	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)										
10.	Bank A	Account No.	:	IFSC Cod	e :							
			: Name of the	e Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: Nikita Wadhwa

:0

Enrollment No.

Fellowship started Year 20_____

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	58	Darshika Singh									
1.	Name	of the Fellow	: Darshika Si	ingh							
2.	Enrollı	ment No.	:0								
3.	Month	/Period of fellowship Claimed	: 20 from : to								
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USBT								
6.	Reside	ntial Address	:								
7.	Mobile	e No. & Email ID		Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Cod	e :						
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amou	unting to
Rs				(Rs:								only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: Darshika Singh

:0

Enrollment No.

Fellowship started Year 20_____

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

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



IPRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE	OF FELLOWSHIP : IP	<u>'RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	d fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
ļ	59	Abhishek Tiwari				
1.	Name	of the Fellow	: Abhishek T	iwari		
2.	Enrollı	nent No.	:0			
3.	Month	Period of fellowship Claimed	:	20 from :	to	
4.	Amour	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USBAS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID				
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC C	Code :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	od from	tc	ı	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	an	nounting to
Rs				(Rs:								_only) may	be released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: Abhishek Tiwari

:0

Enrollment No.

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
(60	Ashmita Singh				
1.	Name	of the Fellow	: Ashmita Sir	ngh		
2.	Enrolli	ment No.	:0			
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USBAS			
6.	Reside	ntial Address	:			
7.	Mobile	e No. & Email ID		Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to	and a	also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting	g to
Rs				(Rs:								only) may be releas	sed.

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

Signature of supervisor with stamp

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



Name of the Fellow

: Ashmita Singh

:0

Enrollment No.

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.



IPRF

PR	OFORMA FOR SUBMITTING TH	THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF										
S.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount							
			fellowship Claimed	fellowship Claimed	(in Rs.)							
			(From Month)	(To Month)								
61	Ms. Anshul Bhatia											
11. Name	of the Fellow	: Ms. Anshul	Bhatia									
12. Enroll	ment No.	: 1271649001	8									
13. Month	n/Period of fellowship Claimed	: 20 from : to										
14. Amou	int (in Rs.)	:(in words):										
15. Name	of the School	: USICT										
16. Reside	ential Address	:										
		:										
		:										
17. Mobil	e No. & Email ID	: 9694425750) Email:									
18. Award	d Letter No. & date(Copy Attached)	:										
19. Name	of the Supervisor (s)											
20. Bank	Account No.	:	IFSC Cod	e :								
		: Name of the	Bank:									
Addre	ess of the Bank											

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	fied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the j	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Anshul Bhatia
Enrollment No.	: 12716490018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>KF</u>					
S	.No.	Name of the Fellow		Month/I	Period of	Month/Period of	Amount					
				fellowshi	p Claimed	fellowship Claimed	(in Rs.)					
				(From	Month)	(To Month)						
(62	Ms. Shikha Gupta										
1.	Name	of the Fellow	: Ms. Shikha	Gupta								
2.	Enrolli	nent No.	: 1401649001	8								
3.	Month	/Period of fellowship Claimed	: 20 from : to									
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USICT									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8587848487	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:		_IFSC Code	e:						
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp

Name of the Fellow

: Ms. Shikha Gupta : 14016490018

Enrollment No.

Jan

July

	Fel	lowship started	Year 20_		
Feb	Mar		April	May	
Aug	Sep		Oct.	Nov.	
		Year 20_			
Feb	Mar		April	May	

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

Year 20

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

Year 20_____

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

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

Signature of the Research Fellow

June

Dec



IPRF

	PRO	DFORMA FOR SUBMITTING TH	HE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF									
S	S.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	62	Ms. Kirti										
1.	Name	of the Fellow	: Ms. Kirti									
2.	Enroll	ment No.	: 1301649001	8								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USICT									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9654802491	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Coc	le :							
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amou	unting to
Rs				(Rs:								only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Kirti
Enrollment No.	: 13016490018

		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.



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>'RF</u>
S	.No.	Name of the Fellow		Month/H	Period of	Month/Period of	Amount
				fellowshi	p Claimed	fellowship Claimed	(in Rs.)
				(From	Month)	(To Month)	
(63	Mr. Namit Vikram Sing	h				
1.	Name	of the Fellow	: Mr. Namit	Vikram Sin	gh		
2.	Enrollı	ment No.	: 0112039001	8			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amou	nt (in Rs.)	:	(in v	vords):		
5.	Name	of the School	: USMC				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9650052919	Email:			
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)	:				
10.	Bank A	Account No.	:		_IFSC Cod	e :	
			: Name of the	Bank:			
	Addres	ss of the Bank					

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Mr. Namit Vikram Singh
Enrollment No.	: 01120390018

Fellowship started Year 20_____

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	F FELLOWSHIP : IP	<u>'RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	64	Ms. Ritika Chopra										
1.	Name	of the Fellow	: Ms. Ritika (Chopra								
2.	Enrollı	ment No.	: 0391669001	8								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USMS									
6.	Reside	ntial Address	:									
7.	Mobile	e No. & Email ID	· : 8588069698									
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Cod	e :							
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Ritika Chopra : 03916690018

Fellowship started Year 20_____

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount					
				fellowshij	o Claimed	fellowship Claimed	(in Rs.)					
				(From 2	Month)	(To Month)						
	65	Mr. Prakash Biswakarm	a									
1.	Name	of the Fellow	: Mr. Prakas	h Biswakar	ma							
2.	Enrolli	ment No.	: 0221639001	8								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USEM									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9957049476	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:IFSC Code :									
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Mr. Prakash Biswakarma : 02216390018

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.



	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>'RF</u>
S	.No.	Name of the Fellow		Month/I	Period of	Month/Period of	Amount
				fellowshi	p Claimed	fellowship Claimed	(in Rs.)
				(From	Month)	(To Month)	
(66	Ms. Ishita Mathur					
1.	Name	of the Fellow	: Ms. Ishita N	Aathur			
2.	Enroll	ment No.	: 0211639001	8			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amou	nt (in Rs.)	:	(in v	words):		
5.	Name	of the School	: USEM				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9873385410	Email:			
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)	:				
10.	Bank A	Account No.	:		IFSC Code	e :	
			: Name of the	Bank:			
	Addres	ss of the Bank					

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Ishita Mathur
Enrollment No.	: 02116390018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	RF						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	67	Ms. Pooja Sehrawat										
1.	Name	of the Fellow	: Ms. Pooja S	Sehrawat								
2.	Enroll	ment No.	: 0192169001	8								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USHSS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9899204956	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Cod	e :							
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Pooja Sehrawat : 01921690018

Fellowship started Year 20_____

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

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



IPRF



	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
(68	Ms. Rashmi Sirohi				
1.	Name	of the Fellow	: Ms. Rashm	i Sirohi		
2.	Enrollı	ment No.	: 0202169001	8		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USHSS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	: 9643942706	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	:			
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peri	od from	1	.0	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	e month	of	ar	nounting to
Rs				(Rs:								only) may	be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Rashmi Sirohi : 02021690018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>'RF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
(69	Ms. Mansi Tyagi				
1.	Name	of the Fellow	: Ms. Mansi '	Гуаді		
2.	Enrollı	ment No.	: 0304089001	8		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amour	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USBAS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	: 8860363034	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)				
10.	Bank A	Account No.	:	IFSC Cod	le :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Mansi Tyagi
Enrollment No.	: 03040890018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>'RF</u>				
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount				
~				fellowship	o Claimed	fellowship Claimed	(in Rs.)				
				(From 2	Month)	(To Month)					
4	70	Mr. Mukesh Kumar Bai	rwa								
1.	Name	of the Fellow	: Mr. Mukesl	h Kumar Ba	airwa						
2.	Enroll	ment No.	: 0294089001	8							
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USBAS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9871704110	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:		_IFSC Code	e :					
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Mr. Mukesh Kumar Bairwa : 02940890018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
4	71	Ms. Aditi Singh										
1.	Name	of the Fellow	: Ms. Aditi Si	ingh								
2.	Enrollı	nent No.	: 0321659001	8								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USLLS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9910240936	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Cod	e :							
			: Name of the	Bank:								
	Addres	as of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Aditi Singh
Enrollment No.	: 03216590018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
1	72	Ms. Anjali										
1.	Name	of the Fellow	: Ms. Anjali									
2.	Enrollı	ment No.	: 03316590018									
3.	Month	/Period of fellowship Claimed	:	20from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USLLS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8527939438	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	:IFSC Code :								
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	fied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month o	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Anjali
Enrollment No.	: 03316590018

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP: IP	<u>'RF</u>				
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount				
				fellowship	o Claimed	fellowship Claimed	(in Rs.)				
				(From	Month)	(To Month)					
	73	Mr. Shanky Jindal									
1.	Name	of the Fellow	: Mr. Shank	anky Jindal							
2.	Enroll	ment No.	: 02416090018								
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USBT								
6.	Reside	ential Address	:								
7.	Mobile	e No. & Email ID									
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Mr. Shanky Jindal
Enrollment No.	: 02416090018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	OR THE RE	LEASE OF	FELLOWSHIP : IP	RF					
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount				
				fellowship	o Claimed	fellowship Claimed	(in Rs.)				
				(From 2	Month)	(To Month)					
4	74	Ms. Simerpreet									
1.	Name	of the Fellow	: Ms. Simerp	Is. Simerpreet							
2.	Enroll	ment No.	: 02516090018								
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:	(in v	vords):						
5.	Name	of the School	: USBT								
6.	Reside	ential Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 8950041031	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)									
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	tc	·	_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_ only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Simerpreet
Enrollment No.	: 02516090018

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>'RF</u>				
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount				
				fellowship	p Claimed	fellowship Claimed	(in Rs.)				
				(From	Month)	(To Month)					
4	75	Ms. Jasdeep Kaur Chan	di								
1.	Name	of the Fellow	: Ms. Jasdeep	deep Kaur Chandi							
2.	Enrollı	ment No.	: 0122039001	9							
3.	Month	/Period of fellowship Claimed	:	20 from : to							
4.	Amou	nt (in Rs.)	:	(in v	vords):						
5.	Name	of the School	: USMC								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9643647105	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	: Dr. Kulveen	en Trehan							
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Jasdeep Kaur Chandi
Enrollment No.	: 01220390019

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>				
S	S.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount				
				fellowship Claimed	fellowship Claimed	(in Rs.)				
				(From Month)	(To Month)					
	76	Ms. Ritu Yadav								
1.	Name	of the Fellow	: Ms. Ritu Ya	adav						
2.	Enroll	ment No.	: 0132039001	9						
3.	Month	/Period of fellowship Claimed	:	20 from :	to					
4.	Amou	nt (in Rs.)	:	(in words):						
5.	Name	of the School	: USMC							
6.	Reside	ntial Address	:							
			:							
			:							
7.	Mobile	e No. & Email ID	: 8368011350) Email:						
8.	Award	Letter No. & date(Copy Attached)	:							
9.	Name	of the Supervisor (s)	: Dr. Durgesh							
10.	Bank A	Account No.	:	IFSC Code :						
			: Name of the	Bank:						
	Addres	ss of the Bank								

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the pe	eriod	l from		to_		and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for t	he i	month	of			amounting to
Rs				(Rs:										only) m	ay be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Ritu Yadav
Enrollment No.	: 01320390019

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	ELEASE OF	FELLOWSHIP : IP	<u>'RF</u>					
S	.No.	Name of the Fellow		Month/	Period of	Month/Period of	Amount					
				fellowshi	p Claimed	fellowship Claimed	(in Rs.)					
				(From	Month)	(To Month)						
4	77	Ms. Ghazala Abidin										
1.	Name	of the Fellow	: Ms. Ghazala	a Abidin								
2.	Enroll	ment No.	: 0451659001	9								
3.	Month	/Period of fellowship Claimed	:tototo									
4.	Amou	nt (in Rs.)	:	(in v	words):							
5.	Name	of the School	: USLLS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9811434403	Email:								
8.	Award	Letter No. & date(Copy Attached)										
9.	Name	of the Supervisor (s)	: Prof. Kanwal DP Singh									
10.	Bank A	Account No.	:		IFSC Cod	e :						
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Ghazala Abidin : 04516590019

Fellowship started Year 20_____

Aug Feb	Sep Year 20_ Mar	Oct.	Nov.	Dec
	Mar			. <u></u>
		April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Year 20_			
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Year 20_			
Feb	Mar	April	Мау	June
Aug	Sep	Oct.	Nov.	Dec
	Year 20_			
Feb	Mar	April	Мау	June
Aug	Sep	Oct.	Nov.	Dec
	Feb Aug Feb Aug Feb Feb	Year 20_ Feb Mar Aug Sep Year 20_ Feb Mar Aug Sep Feb Sep Feb Mar Feb Sep Feb Mar	Feb Mar April Aug Sep Oct. Feb Mar April Feb Mar April Aug Sep Oct. Feb Mar April Feb Sep Oct. Feb Mar April Feb Mar April Feb Mar April	Feb Mar April May Year 20 Aug Sep Oct. Nov. Year 20 Year 20 Year 20 Nov. Feb Mar April May Aug Sep Oct. Nov. Feb Mar April May Feb Mar April May Feb Mar April May Feb Mar April May

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.



IPRF

	<u>PR(</u>	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	RF				
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount				
				fellowship	p Claimed	fellowship Claimed	(in Rs.)				
				(From	Month)	(To Month)					
4	78	Ms. Mannat Singh									
1.	Name	of the Fellow	: Ms. Manna	t Singh							
2.	Enroll	ment No.	: 0461659001	9							
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:	(in v	words):						
5.	Name	of the School	: USLLS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9560014577	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	: Dr. Anuj Vaksha								
10.	Bank A	Account No.	:		_IFSC Cod	e :					
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Ms. Mannat Singh : 04616590019

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
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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount					
				fellowship Claimed fellowship Claimed (in								
				(From 2	Month)	(To Month)						
	79	Ms. Chetna Nassa										
1.	Name	of the Fellow	: Ms. Chetna	Nassa								
2.	Enrollı	ment No.	: 0302169001	9								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USHSS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9818500194	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Prof. Ashuto	hutosh Mohan								
10.	Bank A	Account No.	:		_IFSC Code	e:						
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	fied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the j	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Chetna Nassa : 03021690019

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.



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IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RE	LEASE OF	FELLOWSHIP: IF	KF					
S	.No.	Name of the Fellow		Month/F	eriod of	Month/Period of	Amount					
				fellowship	o Claimed	fellowship Claimed	(in Rs.)					
				(From 1								
	80	Ms. Kusum Deswal										
1.	Name	of the Fellow	: Ms. Kusum	Deswal			·					
2.	Enroll	ment No.	: 03121690019									
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amou	nt (in Rs.)	:	:(in words):								
5.	Name	of the School	: USHSS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9910682881	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Dr. Naresh H	esh Kumar Vats								
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Kusum Deswal
Enrollment No.	: 03121690019

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



IPRF

	PR(DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	(in Rs.)							
				(From Month)	(To Month)							
	81	Mr. Siddharth Anand										
1.	Name	of the Fellow	: Mr. Siddha	ddharth Anand								
2.	Enroll	ment No.	: 0081619001	9								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USCT									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9818395315	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Dr. Neeru A	eeru Anand & Dr. Vinita Khandegar								
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	the Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Mr. Siddharth Anand
Enrollment No.	: 00816190019

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.



IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed fellowship Claimed (in F								
				(From Month)								
l	82	Ms. Swati Yadav										
1.	Name	of the Fellow	: Ms. Swati Y	iti Yadav								
2.	Enrollı	nent No.	: 0091619001	9								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	(in words):									
5.	Name	of the School	: USCT									
6.	Reside	ntial Address	:	:								
			:									
			:									
7.	Mobile	e No. & Email ID	: 8077918813	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Dr. Rakesh	kesh Angira								
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	the Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may b	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Swati Yadav : 00916190019

Fellowship started Year 20_____

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

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



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IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE REL	EASE OF	FELLOWSHIP : I	<u>'RF</u>		
S	.No.	Name of the Fellow		Month/Per	iod of	Month/Period of	Amount		
				fellowship Claimed fellowship Claimed (in					
				(From Me	onth)	(To Month)			
8	83	Ms. Rajani Upadhyay							
1.	Name	of the Fellow	: Ms. Rajani	Upadhyay					
2.	Enroll	ment No.	: 0176999071	9					
3.	Month	/Period of fellowship Claimed	:	20	from :	to			
4.	Amou	nt (in Rs.)	:	(in wor	rds):				
5.	Name	of the School	: USE						
6.	Reside	ential Address	:						
			:						
			:						
7.	Mobile	e No. & Email ID	: 8447038044	Email:					
8.	Award	Letter No. & date(Copy Attached)	:						
9.	Name	of the Supervisor (s)	: Prof. Saroj S	Sharma					
10.	Bank A	Account No.	:]	IFSC Code	e:			
			: Name of the	Bank:					
	Addre	ss of the Bank							

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Rajani Upadhyay : 01769990719

Fellowship started Year 20_____

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

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





IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Amount (in Rs.)						
				(From Month)	(To Month)							
	84	Ms. Divya										
1.	Name	of the Fellow	: Ms. Divya									
2.	Enroll	ment No.	: 02616390019									
3.	Month	/Period of fellowship Claimed	: 20 from : to									
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USEM									
6.	Reside	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9870723343	Email:								
8.	Award	Letter No. & date(Copy Attached)	:	:								
9.	Name	of the Supervisor (s)	: Prof. Rita Si	Prof. Rita Singh								
10.	Bank A	Account No.	:	IFSC Code :								
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Divya
Enrollment No.	: 02616390019

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

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



IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow			Period of	Month/Period of	Amount					
					p Claimed	fellowship Claimed	(in Rs.)					
				(From	Month)	(To Month)						
	85	Ms. Sushma										
1.	Name	of the Fellow	: Ms. Sushma	a								
2.	Enrollı	ment No.	: 0271639001	9								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amour	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USEM									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	:									
8.	Award	Letter No. & date(Copy Attached)	:									
9.		of the Supervisor (s)) : : Dr. Neetu Rani									
10.	Bank A	Account No.	:		IFSC Code	e :						
			: Name of the	Bank:		····						
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Sushma
Enrollment No.	: 02716390019

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



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IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
~				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	86	Ms. Bhawana										
1.	Name	of the Fellow	: Ms. Bhawai	na								
2.	Enrolli	ment No.	: 0331609001	9								
3.	I I I I I I I I I I I I I I I I I I I		: 20 from : to									
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USBT									
6.	Reside	ntial Address	:									
			:									
7.	Mobile	e No. & Email ID	: 9958717637	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Prof. Meenu	Kapoor								
10.	Bank A	Account No.	:	IFSC Cod	e :							
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the peri	od from	to	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	e month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Bhawana
Enrollment No.	: 03316090019

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.



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IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEA	ASE OF	FELLOWSHIP: 1	<u>'Kr</u>
S	.No.	Name of the Fellow		Month/Perio fellowship Cla		Month/Period of fellowship Claimed	Amount (in Rs.)
				(From Mon		(To Month)	(111 K3.)
	87	Ms. Sheeba Hoda					
1.	Name	of the Fellow	: Ms. Sheeba	Hoda			
2.	Enrolli	ment No.	: 0341609001	9			
3.	Month	/Period of fellowship Claimed	:	20 fr	om :	to	
4.	Amou	nt (in Rs.)	:	(in word	s):		
5.	Name	of the School	: USBT				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9818317325	Email:			
8.	Award	Letter No. & date(Copy Attached)	:				
9.	Name	of the Supervisor (s)	: Prof. K.K. A				
10.	Bank A	Account No.	:	IF	SC Code	e :	
			: Name of the	Bank:			
	Addres	ss of the Bank					

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cer	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs.				(Rs:								_only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Sheeba Hoda : 03416090019

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.



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IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount
				fellowship Claimed	fellowship Claimed	(in Rs.)
				(From Month)	(To Month)	
	88	Ms. Pritty				
1.	Name	of the Fellow	: Ms. Pritty			
2.	Enrollı	ment No.	: 1451649001	9		
3.	Month	/Period of fellowship Claimed	:	20 from :	to	
4.	Amou	nt (in Rs.)	:	(in words):		
5.	Name	of the School	: USIC&T			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	: 8860170417	Email:		
8.	Award	Letter No. & date(Copy Attached)	:			
9.	Name	of the Supervisor (s)	: Dr. Mansi Jl	namb		
10.	Bank A	Account No.	:	IFSC Cod	e :	
			: Name of the	Bank:		
	Addres	ss of the Bank				

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the per	iod from	to	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for th	e month	of	amounting to
Rs				(Rs:								_only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Pritty
Enrollment No.	: 14516490019

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



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IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>'RF'</u>						
S	.No.	Name of the Fellow		Amount								
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
	89	Ms. Ankita Sharma										
1.	Name	of the Fellow	: Ms. Ankita	kita Sharma								
2.	Enrollı	ment No.	: 1511649001	9								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USIC&T									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9953812711	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Prof. Udaya	an Ghose								
10.	Bank A	Account No.	IFSC Code :									
			: Name of the	Name of the Bank:								
	Addres	as of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peri	od from	1	to	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	e month	of	ar	nounting to
Rs				(Rs:								only) may	be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Ankita Sharma
Enrollment No.	: 15116490019

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
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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>'RF'</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
(90	Ms. Shilpa Kashyap										
1.	Name	of the Fellow	: Ms. Shilpa I	Kashyap								
2.	Enroll	ment No.	: 0374089001	/40890019								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
_												
7.	Mobile	e No. & Email ID	: 9914563736	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Dr. Kriti Bat	i Batra								
10.	Bank A	Account No.	IFSC Code :									
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Shilpa Kashyap : 03740890019

Fellowship started Year 20_____

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	F FELLOWSHIP : IP	<u>KF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	91	Ms. Sweksha Srivastava	ı								
1.	Name	of the Fellow	: Ms. Sweksh	a Srivastava							
2.	Enrollı	nent No.	: 0414089001	0890019							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USBAS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9958154871	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	: Dr. Abha Ag	ggarwal							
10.	Bank A	Account No.	:	IFSC Cod	e :						
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Ms. Sweksha Srivastava : 04140890019

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month) (To Month)							
	92	Ms. Meenakshi Bisla									
1.	Name	of the Fellow	: Ms. Meenal	ashi Bisla							
2.	Enrolli	ment No.	: 0501669001	9							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USMS								
6.	Reside	ntial Address	:	:							
			:								
			:								
7.	Mobile	e No. & Email ID	: 9711300370	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	: Dr. Deepti P								
10.	Bank A	Account No.	:	IFSC Code	e :						
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cer	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs.				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Ms. Meenakshi Bisla : 05016690019

Fellowship started Year 20_____

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

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



* 1

IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : IP	<u>'RF</u>					
S	.No.	Name of the Fellow		Month/F	Period of	Month/Period of	Amount					
				fellowship	o Claimed	fellowship Claimed	(in Rs.)					
				(From 1	(To Month)							
•	93	Ms. Ronika Bhalla										
1.	Name	of the Fellow	: Ms. Ronika	Bhalla								
2.	Enrollı	ment No.	: 0511669001	9								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amour	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USMS									
6.	Reside	ntial Address	:				<u> </u>					
			:									
			:									
7.	Mobile	e No. & Email ID	: 8800850753	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	: Prof. Meena	kshi Handa								
10.	Bank A	Account No.	:		_IFSC Code	e :						
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Ronika Bhalla : 05116690019

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	ELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/I	Period of	Month/Period of	Amount					
				fellowshi	(in Rs.)							
				(From	Month)	(To Month)						
•	94	Ms. Manisha										
11.	Name	of the Fellow	: Ms. Manish	a								
12.	Enrollı	nent No.	: 0152039002	20								
13.	Month	/Period of fellowship Claimed	:	20	from :	to						
14.	Amou	nt (in Rs.)	:	(in words):								
15.	Name	of the School	: USMC									
16.	Reside	ntial Address	:	:								
			:									
			:									
17.	Mobile	e No. & Email ID	: Ema	il:								
18.	Award	Letter No. & date(Copy Attached)	:									
19.	Name	of the Supervisor (s)										
20.	Bank A	Account No.	:		IFSC Cod	e:						
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Manisha
Enrollment No.	: 01520390020

Fellowship started Year 20_____

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE REI	LEASE OF	FELLOWSHIP : 11	<u>'RF</u>					
S	.No.	Name of the Fellow		Month/Pe	eriod of	Month/Period of	Amount					
				fellowship	Claimed	fellowship Claimed	(in Rs.)					
				(From M	Ionth)	(To Month)						
•	95	Ms. Poorvi Gaur										
1.	Name	of the Fellow	: Ms. Poorvi	s. Poorvi Gaur								
2.	Enroll	ment No.	: 0162039002	90020								
3.	Month	/Period of fellowship Claimed	:	20	_ from :	to						
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USMC									
6.	Reside	ntial Address	:									
7.	Mobile	e No. & Email ID										
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:		IFSC Code	e:						
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Poorvi Gaur
Enrollment No.	: 01620390020

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE REI	LEASE OF	FELLOWSHIP : IP	<u>'RF</u>					
S	.No.	Name of the Fellow		Month/Pe	eriod of	Month/Period of	Amount					
				fellowship	Claimed	fellowship Claimed	(in Rs.)					
				(From M	(Ionth)	(To Month)						
(96	Ms. Mehak Rai Sethi										
1.	Name	of the Fellow	: Ms. Mehak	Rai Sethi								
2.	Enroll	ment No.	: 0601659002	590020								
3.	Month	/Period of fellowship Claimed	:	20	_ from :	to						
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USLLS	USLLS								
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9811670619	Email: _								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:		_IFSC Code	e:						
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Ms. Mehak Rai Sethi : 06016590020

Fellowship started Year 20_____

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

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RE	LEASE OF	FELLOWSHIP: IP	<u>'RF</u>				
S	S.No.	Name of the Fellow		Month/F	eriod of	Month/Period of	Amount				
				fellowship	o Claimed	fellowship Claimed	(in Rs.)				
				(From 2	Month)	(To Month)					
	97	Mr. Anmol Kaur Nayar									
1.	Name	of the Fellow	: Mr. Anmol	Kaur Naya	r						
2.	Enroll	ment No.	: 0651659002	0							
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USLLS								
6.	Reside	ential Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9873263768	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:		_IFSC Cod	e :					
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : Mr. Anmol Kaur Nayar : 06516590020

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.



IPRF



	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
~				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	98	Mr. Ishaan Teotia									
1.	Name	of the Fellow	: Mr. Ishaan	Teotia							
2.	Enrolli	ment No.	: 0412169002	0							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USHSS								
6.	Reside	ential Address	:								
			:								
7.	Mobile	e No. & Email ID		Email:							
8.	Award	Letter No. & date(Copy Attached)									
9.	Name	of the Supervisor (s)									
10.		Account No.		IFSC Code							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certified th	at the er	nclosed atte	enda	ance record h	as been	verified for	the perio	od from _	to	and also
the progre	ss of th	e Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs		_ (Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Mr. Ishaan Teotia
Enrollment No.	: 04121690020

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>KF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
~				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
	99	Ms. Pritika Kainth									
1.	Name	of the Fellow	: Ms. Pritika	ika Kainth							
2.	Enrolli	ment No.	: 0422169002	0							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amour	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USHSS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9953181790) Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	tified that	the	e enc	losed atte	end	ance record h	as been	verified for	the peri	od from	1	0	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	e month	of	am	ounting to
Rs				(Rs:								only) may l	be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Pritika Kainth
Enrollment No.	: 04221690020

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	FOR THE RELEASE OF FELLOWSHIP : IPRF							
S	.No.	Name of the Fellow		Month/I	Period of	Month/Period of	Amount				
~				fellowshi	p Claimed	fellowship Claimed	(in Rs.)				
				(From	(To Month)						
1	.01	Ms. Nisha Saini									
1.	Name	of the Fellow	: Ms. Nisha S	Ms. Nisha Saini							
2.	Enrolli	ment No.	: 0216999072	: 02169990720							
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USE								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 8586025548	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cer	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to	and	also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amountin	ig to
Rs.				(Rs:								_only) may be relea	ased.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Nisha Saini
Enrollment No.	: 02169990720

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>'RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed fellowship Claimed (in F								
				(From Month)	(To Month)							
1	.02	Ms. Nishita Narwal										
1.	Name	of the Fellow	: Ms. Nishita	a Narwal								
2.	Enrollı	ment No.	: 0331639002	20								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USEM									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8222062559	Email:								
8.	Award	Letter No. & date(Copy Attached)) :									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	:IFSC Code :								
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cer	tified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs.				(Rs:								_only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Nishita Narwal : 03316390020

Fellowship started Year 20_____

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
~	12 101			fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
1	.03	Ms. Gunisha Wadhawan	L								
1.	Name	of the Fellow	: Ms. Gunish	a Wadhawan							
2.	Enroll	ment No.	: 0351639002	20							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USEM								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9711654969	Email:							
8.	Award	Letter No. & date(Copy Attached)									
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:IFSC Code :								
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Ms. Gunisha Wadhawan : 03516390020

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.



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELE	ASE OF	FELLOWSHIP : IP	<u>'RF'</u>					
S	.No.	Name of the Fellow		Month/Peri	od of	Month/Period of	Amount					
				fellowship C	laimed	fellowship Claimed	(in Rs.)					
				(From Mc	(To Month)							
1	.04	Ms. Mohima Chakrabar	ty									
1.	Name of	f the Fellow	: Ms. Mohim	a Chakrabart	y							
2.	Enrollm	ent No.	: 04216090020									
3.	Month/F	Period of fellowship Claimed	:	201	from :	to						
4.	Amount	t (in Rs.)	:(in words):									
5.	Name of	f the School	: USBT									
6.	Residen	tial Address	:									
			:									
			:									
7.	Mobile	No. & Email ID	: 9882798876	Email:								
8.	Award I	Letter No. & date(Copy Attached)										
9.	Name of	f the Supervisor (s)	:									
10.	Bank Ac	ccount No.	:IFSC Code :									
			: Name of the	Bank:								
	Address	of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Ms. Mohima Chakrabarty : 04216090020

Fellowship started Year 20_____

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FC	OR THE RELEASE OF	FELLOWSHIP : IP	<u>'RF'</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
1	.05	Mr. Sriram Narayanan										
1.	Name	of the Fellow	: Mr. Sriram Narayanan									
2.	Enrollı	ment No.	: 04316090020									
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBT									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9891779237	7 Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:IFSC Code :									
			: Name of the	e Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Mr. Sriram Narayanan : 04316090020

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.



IPRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month) (To Month)							
1	.06	Ms. Kavita Sethia									
1.	Name	of the Fellow	: Ms. Kavita	Sethia							
2.	Enrolli	nent No.	: 1731649002	0							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:	(in words):							
5.	Name	of the School	: USIC&T								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9899314991	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	unting to
Rs				(Rs:								_only) may be	released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Kavita Sethia
Enrollment No.	: 17316490020

Fellowship started Year 20_____

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

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



IPRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE OF	FELLOWSHIP : IP	<u>RF</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
1	.07	Ms. Pooja Tyagi									
1.	Name o	of the Fellow	: Ms. Pooja T	Гуаді							
2.	Enrolln	nent No.	: 1741649002	20							
3.	Month/	Period of fellowship Claimed	:	20 from :	to						
4.	Amoun	t (in Rs.)	:(in words):								
5.	Name o	of the School	: USIC&T								
6.	Resider	ntial Address	:								
			:								
7.	Mobile	No. & Email ID	: 8700510007	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name o	of the Supervisor (s)									
10.	Bank A	ccount No.	:	IFSC Code :							
			: Name of the	Bank:							
	Addres	s of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Pooja Tyagi
Enrollment No.	: 17416490020

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	
		Ŷ	/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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
	12 101			fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
1	.08	Ms. Ruchi Goyal										
1.	Name	of the Fellow	: Ms. Ruchi (Goyal								
2.	Enroll	ment No.	: 05340890020									
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9910927721	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Co	de :							
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. Ruchi Goyal
Enrollment No.	: 05340890020

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.



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>RF</u>						
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
~	12 101			fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
1	.09	Mr. Ashutosh Anand										
1.	Name	of the Fellow	: Mr. Ashuto	sh Anand								
2.	Enroll	ment No.	: 0494089002	20								
3.	Month	/Period of fellowship Claimed	:20from :to									
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9250248165	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	·									
10.	Bank A	Account No.	:	IFSC Cod	le :							
			: Name of the	Bank:								
	Addres	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the peric	d from	to		_ and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amo	ounting to
Rs				(Rs:								_only) may be	e released.

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : Mr. Ashutosh Anand : 04940890020

Fellowship started Year 20_____

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

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



IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>'RF'</u>					
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount					
~				fellowship Claimed	fellowship Claimed	(in Rs.)					
				(From Month)	(To Month)						
1	10	Ms. Twinkle Arora									
1.	Name	of the Fellow	: Ms. Twinkl	e Arora							
2.	Enroll	ment No.	: 0591669002	20							
3.	Month	/Period of fellowship Claimed	:	20 from :	to						
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USMS								
6.	Reside	ential Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 8525982628	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A		:IFSC Code :								
			: Name of the	Bank:							
	Addres	ss of the Bank									

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

♦ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Certi	fied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the p	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : Ms. Twinkle Arora : 05916690020

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.



* 1

IPRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	OR THE RELEASE O	F FELLOWSHIP : IP	<u>Kr</u>						
S	.No.	Name of the Fellow		Month/Period of fellowship Claimed	Month/Period of fellowship Claimed	Amount (in Rs.)						
				(From Month)	(To Month)	(111 105.)						
1	11	Ms. Aarushi Singh										
1.	Name	of the Fellow	: Ms. Aarush	i Singh								
2.	Enroll	ment No.	: 6616690020									
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USMS									
6.	Reside	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8506074446	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Cod	le :							
			: Name of the	Bank:								
	Addre	ss of the Bank										

◆ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. 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.

◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated :_____

Signature of the Research Fellow

Cert	ified that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of	amounting to
Rs				(Rs:								only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow

: Ms. Aarushi Singh : 6616690020

Enrollment No.

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.