

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE OF	FELLOWSHIP : SI	<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)							
(94	Ms. Sulbha Rai										
1.	Name	of the Fellow	: Ms. Sulbha	Rai								
2.	Enrolli	nent No.	: 9006010121	3								
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	: 9818567099	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).



Name of the Fellow	: Ms. Sulbha Rai
Enrollment No.	: 90060101213

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S	RF					
S	.No.	Name of the Fellow			Period of	Month/Period of	Amount					
				fellowshij	o Claimed	fellowship Claimed	(in Rs.)					
				(From 2	Month)	(To Month)						
(95	Ms. Manju										
1.	Name	of the Fellow	: Ms. Manju									
2.	Enrolli	ment No.	: 9008509011	4								
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	: 8860153837	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 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. Manju
Enrollment No.	: 90085090114

Fellowship started Year 20_____

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

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

Signature of the Research Fellow



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





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

S.No.	Name of the Fellow	Month/Period of	Month/Period of	Amount
		fellowship Claimed	fellowship Claimed	(in Rs.)
		(From Month)	(To Month)	

	96	Ms. Shweta Gupta	
1.	Name	of the Fellow	: Ms. Shweta Gupta
2.	Enrollı	ment No.	: 90046030114
3.	Month	/Period of fellowship Claimed	:20 from : to
4.	Amour	nt (in Rs.)	:(in words):
5.	Name	of the School	: USCT
6.	Reside	ntial Address	:
			:
			:
7.	Mobile	e No. & Email ID	: 9990355905 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.

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

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

Signature of supervisor with stamp

Dated :_____

Signature of the Dean with Stamp

Signature of the Research Fellow

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

Signature of DRC with Stamp



Name of the Fellow	
Enrollment No.	

: Ms. Shweta Gupta : 90046030114

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	<u>R THE RELEASE OF</u>	FELLOWSHIP : SI	<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)	
•	97	Mr. Saureesh Das				
1.	Name	of the Fellow	: Mr. Saurees	sh Das		
2.	Enrollı	ment No.	: 9008809021	4		
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	: 9818129575	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. 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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : ST	<u>'RF</u>				
S	.No.	Name of the Fellow		fellowship	Period of Claimed Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)				
	98	Ms. Charu Tyagi									
1. 2.		of the Fellow ment No.	: Ms. Charu ' : 9007205011	• •							
3. 4.	Month/Period of fellowship Claimed Amount (in Rs.)		:	20		to					
5. 6.	Name	of the School ntial Address	: USEM :								
0.	reside		:								
7. 8.		e No. & Email ID Letter No. & date(Copy Attached)	: 9013841230 :	-							
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	: Ms. Charu Tyagi
Enrollment No.	: 90072050114

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S1	<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)						
•	99	Mr. Satish Prasad										
1.	Name	of the Fellow	: Mr. Satish I	Prasad								
2.	Enroll	ment No.	: 9008005011	4								
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	: 9911730952	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

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.	

: Mr. Satish Prasad : 90080050114

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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



<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE O	F FELLOWSHIP : S 'I	<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	00	Ms. Shubhra Goyal										
1.	Name	of the Fellow	: Ms. Shubhr	a Goyal								
2.	Enroll	ment No.	: 9002401011	4								
3.	Month	/Period of fellowship Claimed	:	20 from :	to							
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USICT									
6.	Reside	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9810308280	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

Certif	ïed that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from	to_	and also
the p	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	
Enrollment No.	

: Ms. Shubhra Goyal : 90024010114

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.



STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE (OF FELLOWSHIP : SI	<u> </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)							
1	01	Mr. Sumit Kumar Verm	a									
1.	Name	of the Fellow	: Mr. Sumit l	Kumar Verma								
2.	Enroll	ment No.	: 90054040114									
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	: 9352222294	Email:								
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:								
	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 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. Sumit Kumar Verma : 90054040114

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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



<u>STRF</u>

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	FOR THE RELEASE OF FELLOWSHIP : STRF								
S	.No.	Name of the Fellow		Month/Perio	d of	Month/Period of	Amount					
				fellowship Cla	imed	fellowship Claimed	(in Rs.)					
				(From Mon	th)	(To Month)						
1	L 02	Ms. Aafrin Waziri										
1.	Name	of the Fellow	: Ms. Aafrin	Waziri								
2.	Enroll	ment No.	: 9004804011	4								
3.	Month/Period of fellowship Claimed		:	20 fro	om :	to						
4.	Amou	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USBT									
6.	Reside	ential Address	:									
7.	Mobile	e No. & Email ID	: 9953115403									
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFS	SC Cod	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

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 c	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. Aafrin Waziri : 90048040114

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	/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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	M FOR THE RELEASE OF FELLOWSHIP : STRF							
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)					
1	.03	Ms. Shivani									
1.	Name	of the Fellow	: Ms. Shivani	i							
2.	Enroll	ment No.	: 9005204011	4							
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	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9582225224	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).



Name of the Fellow	: Ms. Shivani
Enrollment No.	: 90052040114

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.



STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF								
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)						
1	.04	Mr. Vikas Kumar Mand	al									
1.	Name	of the Fellow	: Mr. Vikas H	Kumar Mano	lal							
2.	Enroll	ment No.	: 9005704011	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	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8010771015	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:								
	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 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.	

: Mr. Vikas Kumar Mandal : 90057040114

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE REI	LEASE OF	FELLOWSHIP :	STRF	
S	.No.	Name of the Fellow		Month/P	eriod of	Month/Period of	Amo	ount
~				fellowship	Claimed	fellowship Claime	d (in F	₹s .)
				(From 1	Month)	(To Month)		
1	.05	Ms. Swati Chaturvedi						
1.	Name	of the Fellow	: Ms. Swati C	Chaturvedi				
2.	Enrolli	ment No.	: 9005504011	4				
3.	Month	/Period of fellowship Claimed	:	20	from :	to		
4.	Amou	nt (in Rs.)	:	(in w	vords):			
5.	Name	of the School	: USBT					
6.	Reside	ntial Address	:					
			:					
			:					
7.	Mobile	e No. & Email ID	: 9971759803	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

Certif	ïed that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	od from	to_	and also
the p	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 Fello	ow
Enrollment No	

: Ms. Swati Chaturvedi : 90055040114

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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



<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	FOR THE RELEASE OF FELLOWSHIP : STRF								
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	Mr. Suyash Kumar										
1.	Name	of the Fellow	: Mr. Suyash	Kumar								
2.	Enroll	ment No.	: 1541649001	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	: 9310493782	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC C	ode :							
			: 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. Suyash Kumar
Enrollment No.	: 15416490019

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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



<u>STRF</u>

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE O	F FELLOWSHIP : S I	<u>rr</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. Richa Singh										
1.	Name	of the Fellow	: Ms. Richa Singh									
2.	Enroll	ment No.	: 15616490019									
3.	Month	/Period of fellowship Claimed	:20 from : to									
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USIC&T									
6.	Reside	ential Address	:									
7.	Mobile	e No. & Email ID	· : 9045091765									
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).



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

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE C	FFELLOWSHIP : ST	<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	.08	Mr. Shaival Thakkar									
1.	Name	of the Fellow	: Mr. Shaival	Thakkar							
2.	Enrolli	ment No.	: 03321690019								
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	: 8095952917	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).



Name of the Fellow	
Enrollment No.	

: Mr. Shaival Thakkar : 03321690019

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	FOR THE RELEASE OF FELLOWSHIP : STRF								
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
1	.09	Ms. Divya										
1.	Name	of the Fellow	: Ms. Divya									
2.	Enrolli	ment No.	: 0362169001	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	· : 9910145550	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	: Ms. Divya
Enrollment No.	: 03621690019

		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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	FOR THE RELEASE OF FELLOWSHIP : STRF								
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. Srishti Sharma										
1.	Name	of the Fellow	: Ms. Srishti	Sharma								
2.	Enroll	ment No.	: 0382169001	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	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 8178425777	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 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. Srishti Sharma : 03821690019

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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



STRF

	PROFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE OF	FELLOWSHIP : ST	<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	111 Ms. Mehak Bhola											
1.	Name of the Fellow	: Ms. Mehak	Bhola									
2.	Enrollment No.	: 0392169001	: 03921690019									
3.	Month/Period of fellowship Claimed	:	20 from :	to								
4.	Amount (in Rs.)	:	(in words):									
5.	Name of the School	: USHSS										
6.	Residential Address	:										
		:										
		:										
7.	Mobile No. & Email ID	: 8130078983	Email:									
8.	Award Letter No. & date(Copy Attached)	:										
9.	Name of the Supervisor (s)											
10.	Bank Account 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 :_____

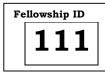
Signature of the Research Fellow

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	: Ms. Mehak Bhola
Enrollment No.	: 03921690019

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE O	F FELLOWSHIP : SI	<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	12	Mr. Anil Kumar Sukum	aran									
1.	Name	of the Fellow	: Mr. Anil Ku	umar Sukumaran								
2.	Enrollı	ment No.	: 0402169001	9								
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	: 8755026999	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 :_____

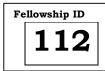
Signature of the Research Fellow

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	
Enrollment No.	

: Mr. Anil Kumar Sukumaran : 04021690019

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<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)						
1	13	Mr. Vinayak Jhamb										
1.	Name	of the Fellow	: Mr. Vinaya	k Jhamb								
2.	Enroll	ment No.	: 0471659001	9								
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	: 9953151099	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	: Mr. Vinayak Jhamb
Enrollment No.	: 04716590019

Jan	Feb	Mar	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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<u>'RF'</u>					
S	.No.	Name of the Fellow		Month/F	eriod of	Month/Period of	Amount					
				fellowshij	Claimed	fellowship Claimed	(in Rs.)					
				(From 2	Month)	(To Month)						
1	.14	Ms. Komal Chauhan										
1.	Name	of the Fellow	: Ms. Komal	Chauhan								
2.	Enrollı	ment No.	: 0491659001	9								
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	: 9971252185	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 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.	

: Ms. Komal Chauhan : 04916590019

Fellowship started Year 20_____

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

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



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<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)						
1	.15	Ms. Anjali Nair										
1.	Name	of the Fellow	: Ms. Anjali I	Nair								
2.	Enrollı	nent No.	: 0511659001	9								
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	: 9999372269	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 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	: Ms. Anjali Nair
Enrollment No.	: 05116590019

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.



STRF

	PRC	DFORMA FOR SUBMITTING TH	E CLAIM FO	I FOR THE RELEASE OF FELLOWSHIP : STRF								
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)						
1	16	Mr. Pankaj										
1.	Name	of the Fellow	: Mr. Pankaj									
2.	Enroll	ment No.	: 0521659001	9								
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	: 9650396319	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 :_____

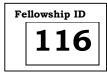
Signature of the Research Fellow

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).



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

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 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.



STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	FOR THE RELEASE OF FELLOWSHIP : STRF								
S	.No.	Name of the Fellow		Month/Period of	Month/Period of	Amount						
				fellowship Claimed	fellowship Claimed	(in Rs.)						
				(From Month)	(To Month)							
1	17	Ms. Pallavi Pal										
1.	Name	of the Fellow	: Ms. Pallavi	Pal								
2.	Enroll	ment No.	: 05316590019									
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	: 9711951668	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	: Ms. Pallavi Pal
Enrollment No.	: 05316590019

Jan	Feb	Mar	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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	FOR THE RELEASE OF FELLOWSHIP : STRF								
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)						
1	18	Ms. Kanika Tyagi										
1.	Name	of the Fellow	: Ms. Kanika	Tyagi								
2.	Enrollı	ment No.	: 05616590019									
3.	Month	/Period of fellowship Claimed	:20 from : to									
4.	Amour	nt (in Rs.)	:(in words):									
5.	Name	of the School	: USLLS									
6.	Reside	ential Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9958843595	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 :_____

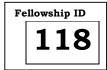
Signature of the Research Fellow

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. Kanika Tyagi
Enrollment No.	: 05616590019

Jan	Feb	Mar	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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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



<u>STRF</u>

	PRO	FORMA FOR SUBMITTING THI	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S7	<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)	
1	19	Mr. Vijit Vinod Nautiya	1				
1.	Name	of the Fellow	: Mr. Vijit Vi	inod Nautiy	al		
2.	Enrolli	ment No.	: 0384089001	9			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amou	nt (in Rs.)	:	(in v	words):		
5.	Name	of the School	: USBAS				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9717833019	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	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.	

: Mr. Vijit Vinod Nautiyal : 03840890019

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.



STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<u>'RF'</u>					
S	.No.	Name of the Fellow		Month/H	Period of	Month/Period of	Amount					
~				fellowshi	o Claimed	fellowship Claimed	(in Rs.)					
				(From	Month)	(To Month)						
1	.20	Ms. Anjali Saini										
1.	Name	of the Fellow	: Ms. Anjali S	Saini								
2.	Enroll	ment No.	: 0394089001	9								
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.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:		_IFSC Cod	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	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).



Name of the Fellow	
Enrollment No.	

: Ms. Anjali Saini : 03940890019

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE REL	EASE OF	FELLOWSHIP : S	<u>rrf</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)	
1	.21	Ms. Deepika Gupta					
1.	Name	of the Fellow	: Ms. Deepika	a Gupta			
2.	Enrollı	ment No.	: 0404089001	9			
3.	Month	/Period of fellowship Claimed	:	20	_ from :	to	
4.	Amour	nt (in Rs.)	:	(in we	ords):		
5.	Name	of the School	: USBAS				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9988023089	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 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).



Name of the Fellow Enrollment No. : Ms. Deepika Gupta : 04040890019

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.



STRF

	PRO	FORMA FOR SUBMITTING THE	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S1	<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)	
1	.22	Ms. Neshtha Dev					
1.	Name	of the Fellow	: Ms. Neshtha	a Dev			
2.	Enrolli	nent No.	: 0434089001	9			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amour	nt (in Rs.)	:	(in v	vords):		
5.	Name	of the School	: USBAS				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9412425551	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. Neshtha Dev : 04340890019

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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S7	<u>rrf</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)						
1	23	Ms. Sadhna Devi Kalira	mna									
1.	Name	of the Fellow	: Ms. Sadhna	Devi Kalir	amna							
2.	Enrollı	ment No.	: 0444089001	: 04440890019								
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	: 8398803757	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 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

: Ms. Sadhna Devi Kaliramna : 04440890019

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	/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.



STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S ⁻	<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)	
1	.24	Ms. Priya Jha					
1.	Name	of the Fellow	: Ms. Priya J	ha			
2.	Enroll	ment No.	: 0454089001	9			
3.	Month	/Period of fellowship Claimed	:	20	from :	to	
4.	Amou	nt (in Rs.)	:	(in v	words):		
5.	Name	of the School	: USBAS				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 9711063282	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	: Ms. Priya Jha
Enrollment No.	: 04540890019

Jan	Feb	Mar	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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FOI	R THE RELE	ASE OF	FELLOWSHIP : S'	<u>rrf</u>				
S	.No.	Name of the Fellow		Month/Peri	od of	Month/Period of	Amount				
				fellowship C	laimed	fellowship Claimed	(in Rs.)				
				(From Mo	nth)	(To Month)					
1	.25	Ms. Pratibha Shukla									
1.	Name	of the Fellow	: Ms. Pratibh	a Shukla							
2.	Enrollı	ment No.	: 04640890019	9							
3.	Month	/Period of fellowship Claimed	:	20f	rom :	to					
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USBAS								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 8375049954	Email:							
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name	of the Supervisor (s)	:								
10.	Bank A	Account No.	:	I	FSC 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
Enrollment No

: Ms. Pratibha Shukla : 04640890019

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
July	Aug	Sep	Oct.	Nov.	Dec

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



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE O	F FELLOWSHIP : S T	<u>rrf</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	.26	Ms. Nidhi Yadav										
1.	Name	of the Fellow	: Ms. Nidhi Y	adav								
2.	Enrollı	nent No.	: 0474089001	9								
3.	Month	/Period of fellowship Claimed	:	20from : _	to							
4.	Amour	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USBAS									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9560480547	Email:								
8.	Award	Letter No. & date(Copy Attached)	:									
9.	Name	of the Supervisor (s)	:									
10.	Bank A	Account No.	:	IFSC Co	ode :							
			: 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.

: Ms. Nidhi Yadav : 04740890019

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.



STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S	<u>. RF</u>					
S	.No.	Name of the Fellow		Month/F	eriod of	Month/Period of	Amount					
				fellowship	Claimed	fellowship Claimed	(in Rs.)					
				(From 1	Month)	(To Month)						
1	.27	Ms. Tamanna										
1.	Name	of the Fellow	: Ms. Taman	na								
2.	Enroll	ment No.	: 0281639001	9								
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	: : 8396062278									
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).



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

Jan	Feb	Mar	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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<u>'RF'</u>					
S	.No.	Name of the Fellow			eriod of	Month/Period of	Amount					
				fellowshij	o Claimed	fellowship Claimed	(in Rs.)					
				(From 2	Month)	(To Month)						
1	28	Ms. Arushi Jha										
1.	Name	of the Fellow	: Ms. Arushi	Jha								
2.	Enroll	ment No.	: 0301639001	9								
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	: : 9654470685									
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	: Ms. Arushi Jha
Enrollment No.	: 03016390019

Jan	Feb	Mar	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.



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S 7	RF
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)	
1	.29	Mr. Bilal Ahmad Bhat					
1.	Name	of the Fellow	: Mr. Bilal Al	hmad Bhat			
2.	Enrollı	nent No.	: 0311639001	9			
3.	Month	/Period of fellowship Claimed	:	20	_ from :	to	
4.	Amour	nt (in Rs.)	:	(in w	vords):		
5.	Name	of the School	: USEM				
6.	Reside	ntial Address	:				
			:				
			:				
7.	Mobile	e No. & Email ID	: 7889362761	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 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 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	: Mr. Bilal Ahmad Bhat
Enrollment No.	: 03116390019

Jan	Feb	Mar	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.

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



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<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)						
1	.30	Ms. Tanu Prakash										
1.	Name	of the Fellow	: Ms. Tanu P	rakash								
2.	Enroll	ment No.	: 03216390019									
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	: : 8527679618									
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	: Ms. Tanu Prakash
Enrollment No.	: 03216390019

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.

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



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<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)						
1	.31	Ms. Shivani Raj										
1.	Name	of the Fellow	: Ms. Shivani	i Raj								
2.	Enroll	ment No.	: 0351609001	9								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Month/Period of fellowship Claimed Amount (in Rs.) Name of the School		:(in words):									
5.	Name	of the School	: USBT									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9711411889	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	fied that	the	enc	losed atte	end	ance record h	as been	verified for	the perio	d from _	to_	and also
the j	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. Shivani Raj
Enrollment No.	: 03516090019

Fellowship started Year 20_____

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

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

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



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RELEASE OF	FELLOWSHIP : ST	RF
S.	No.	Name of the Fellow		Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
1	32	Ms. Sabita Rangra				
 2. 3. 4. 5. 	Enrollı Month Amour Name	of the Fellow ment No. /Period of fellowship Claimed nt (in Rs.) of the School ntial Address	: : USBT :	920 from : (in words):	to	
8. 9. 10.	Award Name Bank A	e No. & Email ID Letter No. & date(Copy Attached) of the Supervisor (s) Account No.	: 7503126746 : :	Email:	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

Certified that the	enclosed attend	lance record has been	verified for the period	od 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
Enrollment No.

: Ms. Sabita Rangra : 03616090019

Fellowship started Year 20_____

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

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

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



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<u>'RF'</u>					
S	.No.	Name of the Fellow		Month/l	Period of	Month/Period of	Amount					
				fellowshi	p Claimed	fellowship Claimed	(in Rs.)					
				(From	Month)	(To Month)						
1	33	Ms. Utpreksha Thapliya	al									
1.	Name	of the Fellow	: Ms. Utpreks	sha Thapliy	yal							
2.	Enroll	ment No.	: 03816090019									
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	: 9654792954	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 :_____

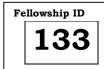
Signature of the Research Fellow

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).



Name of the Fellow	: Ms. Utpreksha Thapliyal
Enrollment No.	: 03816090019

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.

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



STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<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)					
1	.34	Ms. Kanika Khoba									
1.	Name	of the Fellow	: Ms. Kanika	Khoba							
2.	Enrollı	nent No.	: 0391609001	: 03916090019							
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	: 7503364999	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 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.

: Ms. Kanika Khoba : 03916090019

Fellowship started Year 20_____

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

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



Fellowship ID

OMDE

STRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	IM FOR THE RELEASE OF FELLOWSHIP : 51 KF								
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)						
1	35	Ms. Ayesha Khosla										
1.	Name	of the Fellow	: Ms. Ayesha	Khosla								
2.	Enrolli	ment No.	: 9003905121	3								
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	: 9873318425	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

 Certified that the enclosed attendance record has been verified for the period from ______ to _____ and also

 the progress of the Scholar is satisfactory. His/her fellowship for the month of ______ amounting to

 Rs.______ (Rs: ______ only) may be released.

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

Signature of supervisor with stamp

Recommended	and	forwarded	to	release	the	fellowship	amount	of	Rs.		
(Rs										01	nly).



Name of the Fellow
Enrollment No.

: Ms. Ayesha Khosla : 90039051213

Fellowship started Year 20_____

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

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



Fellowship ID

OMDE

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S	KF			
S.	No.	Name of the Fellow			Period of	Month/Period of	Amount			
					p Claimed	fellowship Claimed	(in Rs.)			
				(From	Month)	(To Month)				
1	36	Ms. Shivangi								
1.	Name	of the Fellow	: Ms. Shivang	gi						
2.	Enrollı	ment No.	: 9005403121	5						
3.	Month	/Period of fellowship Claimed	:	20	from :	to				
4.	Amour	nt (in Rs.)	:(in words):							
5.	Name	of the School	: USCT							
6.	Reside	ntial Address	:							
			:							
			:							
7.	Mobile	e No. & Email ID	: 9650794482	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

 Certified that the enclosed attendance record has been verified for the period from ______ to _____ and also

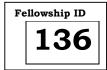
 the progress of the Scholar is satisfactory. His/her fellowship for the month of _______ amounting to

 Rs.______ (Rs: ______ only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	: Ms. 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.



Fellowship ID

OMDE

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP: 5	<u> </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)						
1	.37	Ms. Dimple Pruthi										
1.	Name	of the Fellow	: Ms. Dimple	Pruthi								
2.	Enrolli	ment No.	: 9007909221	5								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amour	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USBAS	: USBAS								
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 7503667652	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

 Certified that the enclosed attendance record has been verified for the period from ______ to _____ and also

 the progress of the Scholar is satisfactory. His/her fellowship for the month of ______ amounting to

 Rs.______ (Rs: ______ only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Dimple Pruthi : 90079092215

Fellowship started Year 20_____

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

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



Fellowship ID

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S	RF					
S	.No.	Name of the Fellow		Month/I	Period of	Month/Period of	Amount					
				fellowshi	(in Rs.)							
				(From	(To Month)							
1	.38	Ms. Aradhana Singh										
1.	Name	of the Fellow	: Ms. Aradha	ana Singh								
2.	Enrolli	ment No.	: 9005905121	.5								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amou	nt (in Rs.)	:	(in words):								
5.	Name	of the School	: USEM	USEM								
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 9807331223	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.

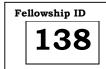
◆ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

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

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : Ms. Aradhana Singh : 90059051215

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.



Fellowship ID

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	<u>R THE RE</u>	LEASE OF	FELLOWSHIP : S I	RF					
S	.No.	Name of the Fellow			Period of	Month/Period of	Amount					
				fellowshi	fellowship Claimed	(in Rs.)						
				(From	Month)	(To Month)						
1	.39	Mr. Krishanu Saha										
1.	Name	of the Fellow	: Mr. Krisha	Krishanu Saha								
2.	Enrolli	ment No.	: 0061619001	8								
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	: 8800913771	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					
Certified that the enclosed attendance record has been verified for the period from	to and also					
the progress of the Scholar is satisfactory. His/her fellowship for the month o	f amounting to					
Rs (Rs:	only) may be released.					

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

Signature of supervisor with stamp

Recommended	and	forwarded	to	release	the	fellowship	amount	of	Rs.		
(Rs										0	nly).



Name of the Fellow	: Mr. Krishanu Saha
Enrollment No.	: 00616190018

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.





OMDE

STRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP: 5	<u> </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)					
1	.40	Ms. Apoorva Vednaraya	n Misra								
1.	Name	of the Fellow	: Ms. Apoorv	a Vednaray	yan Misra						
2.	Enroll	ment No.	: 0361659001	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	: 8149907698	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

 Certified that the enclosed attendance record has been verified for the period from ______ to _____ and also

 the progress of the Scholar is satisfactory. His/her fellowship for the month of _______ amounting to

 Rs.______ (Rs: ______ only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Apoorva Vednarayan Misra : 03616590018

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.



Fellowship ID

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<u>'RF'</u>				
S	.No.	Name of the Fellow		Month/l	Period of	Month/Period of	Amount				
				fellowshi	p Claimed	fellowship Claimed	(in Rs.)				
				(From	Month)	(To Month)					
1	.41	Ms.Prerna Sharma									
1.	Name	of the Fellow	: Ms.Prerna Sharma								
2.	Enrolli	ment No.	: 9006305121	5							
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	: 9899112463	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
Certified that the enclosed attendance record has been verified for the period from	to and also
the progress of the Scholar is satisfactory. His/her fellowship for the month o	f amounting to
Rs (Rs:	only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow
Enrollment No.

: Ms.Prerna Sharma : 90063051215

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	
		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.

Signature of the Research Fellow

Fellowship started Year 20_____



Fellowship ID

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<u>'RF</u>				
S	.No. Name of the Fellow			Month/H	Period of	Month/Period of	Amount				
				fellowshi	o Claimed	fellowship Claimed	(in Rs.)				
				(From	Month)	(To Month)					
1	.42	Ms. Kusum Deswal									
1.	Name	of the Fellow	: Ms. Kusum	Deswal							
2.	Enrolli	ment No.	: 0312169001	9							
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:	(in v	vords):						
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)	:								
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
Certified that the enclosed attendance record has been verified for the period from	to and also
the progress of the Scholar is satisfactory. His/her fellowship for the month o	f amounting to
Rs (Rs:	only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Kusum Deswal : 03121690019

Fellowship started Year 20_____

Aug Feb Aug	Sep Year 20_ Mar Sep	Oct. April	Nov. May	Dec
	Mar		May	June
		April	May	June
Aug	Sen			
	Sch	Oct.	Nov.	Dec
	Year 20_			
Feb	Mar	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	May	June
Aug	Sep	Oct.	Nov.	Dec
	Aug Feb Aug Feb Feb	FebMarAugSepAugMarFebMarAugSepFebYear 20_FebMar	AugSepOct.AugSepOct.FebMarAprilAugSepOct.FebSepOct.Year 20Year 20FebMarAugApril	FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebSepOct.Nov.FebMarAprilMay

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

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

<u>STRF</u>

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S1	<u>'RF</u>	
S	.No.	Name of the Fellow		Month/F	eriod of	Month/Period of	Amount	
				fellowship	Claimed	fellowship Claimed	(in Rs.)	
				(From]	Month)	(To Month)		
1	.43	Ms. Khushboo Choudhu	ıry					
1.	Name	of the Fellow	: Ms. Khusht	ooo Choudh	ury			
2.	Enroll	ment No.	: 0061609111	6				
3.	Month	/Period of fellowship Claimed	:	20	from :	to		
4.	Amou	nt (in Rs.)	:	(in w	vords):			
5.	Name	of the School	: USBT					
6.	Reside	ntial Address	:					
			:					
			:					
7.	Mobile	e No. & Email ID	: 9560330912	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
Certified that the enclosed attendance record has been verified for the period from _	to and also
the progress of the Scholar is satisfactory. His/her fellowship for the month of	of amounting to
Rs (Rs:	only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fe	llow
Enrollment No	

: Ms. Khushboo Choudhury : 00616091116

Enrollment No.

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	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	Tear 20]
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Feb Aug Feb Aug Feb Aug Feb Feb Feb Feb Feb	Feb Mar Aug Sep Aug Sep Feb Mar Aug Sep Feb Mar Aug Sep Feb Mar Aug Sep Y Y Feb Mar Y Y Feb Mar Y Y Feb Mar Y Y Feb Mar Y Y Y Y Y Y	Feb Mar April Aug Sep Oct. Aug Sep Oct. Feb Mar April Feb Mar Oct. Feb Mar Oct. Feb Mar Oct. Feb Mar April Aug Sep Oct. Feb Mar April Aug Sep Oct. Feb Mar April Image: Sep Oct. Image: Sep Feb Mar Oct. Feb Mar April Feb Mar April Feb Mar April Feb Mar April	Feb Mar April May Year 20 Feb Mar April May Aug Sep Oct. Nov. Year 20 Year 20 Feb Mar April May Aug Sep Oct. Nov. Year 20 Year 20 Feb Mar April May Aug Sep Oct. Nov. Year 20 Year 20 Nov. Nov. Year 20 Year 20 Nov. Nov. Year 20 Year 20 Nov. Nov. Feb Mar April May Year 20 Year 20 Nov. Nov. Feb Mar April May	Image: Normal Section Mar April May June Feb Mar April May Dec Aug Sep Oct. Nov. Dec Vear 20 Year 20 Year 20 May June Feb Mar April May Dec Dec Year 20 Vear 20 Vear 20 Dec Dec Dec Feb Mar April May June Dec Year 20 Year 20 Vear 20 Dec Dec Dec Feb Mar April May Dec Dec Dec Year 20 Year 20 Year 20

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



Signature of the Dean with Stamp

Recommended	and	forwarded	to	release	the	fellowship	amount	of	Rs.		
(Rs										0	nly)

Signature of DRC with Stamp

						-
GURU (GOBIND	SINGH	INDRAP	PRASTHA	UNIVERS	ITY

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

Fellowship ID 144

	PRO	FORMA FOR SUBMITTING THE	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S7	<u>`RF</u>				
S	.No.	Name of the Fellow		Month/	Period of	Month/Period of	Amount				
					p Claimed	fellowship Claimed	(in Rs.)				
				(From	Month)	(To Month)					
1	.44	Ms. Sawetaji									
1.	Name	of the Fellow	: Ms. Sawetaj	ji							
2.	Enrollı	nent No.	: 0071609111	6							
3.	Month	/Period of fellowship Claimed	:	20 from : to							
4.	Amour	nt (in Rs.)	:	(in v	words):						
5.	Name	of the School	: USBT								
6.	Reside	ntial Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 8285775356 Email:								
8.	Award	Letter No. & date(Copy Attached)	:								
9.	Name of the Supervisor (s) :										
10.	. Bank Account No. : 6509348708			8 IFSC Code : IDIB000G082							
			: Name of the	Bank: Indi	an 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.

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

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

Signature of supervisor with stamp



Name of the Fellow	: Ms. Sawetaji
Enrollment No.	: 00716091116

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

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



Fellowship ID

STRF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FO	R THE REL	EASE OF	FELLOWSHIP : S	<u>r 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)					
1	45	Ms. Divyani Redhu									
1.	Name	of the Fellow	: Ms. Divyan	i Redhu							
2.	Enroll	ment No.	: 0022039441	6							
3.	Month	/Period of fellowship Claimed	:	20	_ from :	to					
4.	Amou	nt (in Rs.)	:(in words):								
5.	Name	of the School	: USMC								
6.	Reside	ential Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9999405788	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
Certified that the enclosed attendance record has been verified for the period from	to and also
the progress of the Scholar is satisfactory. His/her fellowship for the month o	f amounting to
Rs (Rs:	only) may be released.

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

Signature of supervisor with stamp

Recommended	and	forwarded	to	release	the	fellowship	amount	of	Rs.		
(Rs										01	nly).



Name of the Fellow
Enrollment No.

: Ms. Divyani Redhu : 00220394416

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

OMDE

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE REL	EASE OF	FELLOWSHIP : 5	IRF					
S	.No.	Name of the Fellow		Month/Pe		Month/Period of	Amount					
				fellowship		fellowship Claimed	(in Rs.)					
				(From M	lonth)	(To Month)						
1	.46	Ms. Shweta Rani										
1.	Name	of the Fellow	: Ms. Shweta	Rani								
2.	Enrolli	ment No.	: 9002101121	5								
3.	Month	/Period of fellowship Claimed	:	20	from :	to						
4.	Amou	nt (in Rs.)	:	(in wo	ords):							
5.	Name	of the School	: USICT									
6.	Reside	ntial Address	:									
			:									
			:									
7.	Mobile	e No. & Email ID	: 7838423088	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

 Certified that the enclosed attendance record has been verified for the period from ______ to _____ and also

 the progress of the Scholar is satisfactory. His/her fellowship for the month of _______ amounting to

 Rs.______ (Rs: ______ only) may be released.

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

Signature of supervisor with stamp

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



Name of the Fellow	
Enrollment No.	

: Ms. Shweta Rani : 90021011215

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

STRF

	PRC	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : S	<u> </u>				
S	.No.	Name of the Fellow		fellowshi	Period of p Claimed Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)				
1	.47	Ms. Neha Jain									
1.	Name	of the Fellow	: Ms. Neha Ja	ain							
2.	Enroll	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	ential Address	:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9910057715	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
Certified that the enclosed attendance record has been verified for the period from	to and also
the progress of the Scholar is satisfactory. His/her fellowship for the month o	f amounting to
Rs (Rs:	only) may be released.

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

Signature of supervisor with stamp

Recommended	and	forwarded	to	release	the	fellowship	amount	of	Rs.		
(Rs										0	nly).



Name of the Fellow	: Ms. 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	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.



Fellowship ID

STRF

	PRO	FORMA FOR SUBMITTING TH	E CLAIM FO	R THE RE	LEASE OF	FELLOWSHIP : SI	<u>'RF'</u>					
S	.No.	Name of the Fellow		Month/H	Period of	Month/Period of	Amount					
				fellowshi	o Claimed	fellowship Claimed	(in Rs.)					
				(From	Month)	(To Month)						
1	.48	Ms. Ekta Bansal										
1.	Name	of the Fellow	: Ms. Ekta Ba	ansal								
2.	Enroll	ment No.	: 0251659081	7								
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	: 7982144750	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
Certified that the enclosed attendance record has been verified for the period from	to and also
the progress of the Scholar is satisfactory. His/her fellowship for the month o	f amounting to
Rs (Rs:	only) may be released.

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

Signature of supervisor with stamp

Recommended	and	forwarded	to	release	the	fellowship	amount	of	Rs.		
(Rs										0	nly).



Name of the Fellow	
Enrollment No.	

: Ms. Ekta Bansal : 02516590817

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.