Fellowship ID 112

IPRF

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

Fellowship ID	_
112	

Name of the Fellow : Ms. Jaya Singh Parihar

Enrollment No. : **00726390021**

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

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

Fellowship ID 113

IPRF

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

Fe	llows	hip	ID	
	1	1	3	

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

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

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

Fellowship ID 114

IPRF

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

Fell	ows	hip	ID	
	1	1	4	

Name of the Fellow : Ms. Himadri Singh

Enrollment No. : 19616490021

July

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

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

Oct.

Sep

Aug

Signature of the Research Fellow

Dec

Nov.

Fellowship ID 115

IPRF

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

Fellowship ID	
115	

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

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

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

Fellowship ID 116

IPRF

S	S.No.		Name of	the Fello	w			Period			th/Perio		Fellow	-	Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	116	Ms. N	leha Mit	tal								,	Rs.384	140/-	
1.	Name	of the Fe	ellow			: N	Is. Neh	a Mitta	ıl						
2.	Enroll	ment No).			: 0	022629	0021							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	froi	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				CEPS								
6.	Reside	ntial Ad	ldress			:_									
						:_									
7.	Mobile	e No. &	Email ID												
8.			No. & date	c(Conv A	Attache										
9.			upervisor (_									
		Account	-	(5)											
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	lies or and not employee not a local allower of a local allower of the l	y other ind bloyed any vailed fell of check	lustry or from where. lowship for t	n the University four years objectio	ersity. after adn	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated:											Sig	nature	of the Ro	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance rec	ord has	been	verified	for the	period	from		1	0	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. H	lis/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Ion	Feb.	March	April	May	June	July	Ana	Sep.	Oct.	Nov.	Dec.	Total	Total	Balance
Month	Jan.	reo.	March	Aprii	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Leave	Leave Availed	Leave
No. of Leave													30		
										I	I				
Recomn		•	r with sta	•	ease t	he fel	llowshi _l	o amoi	ant of	f Rs.	;	Signatı	ire of the		th Stamp
(Rs.														only	y).

Fe	llows	hip	ID	
	1	1	6	

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

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

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

Fellowship ID 117

IPRF

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

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

Fellowship ID	
117	

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

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

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

Fellowship ID 118

IPRF

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

Fellowship ID	
118	

Name of the Fellow : Mr. Sanghpriya Gautam

Enrollment No. : **05321690021**

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

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

Fellowship ID 119

IPRF

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

S	.No.		Name of	the Fell	ow			Period			th/Perio		Fello	^ 1		mount
						1	ellowsh From)	ip Ciain Month			ship Cla o Month		amount mo	I	(11	n Rs.)
1	19	Ms. Y	ashika	Kanoji	а			,					Rs.31	000/-		
1.	Name	of the Fe	ellow			: N	As. Yas	hika Ka	anojia							
2.	Enroll	ment No				: 0	531609	0021								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSBT									
6.	Reside	ential Ad	dress			:_										
						:_										
7.	Mobile	e No. &	Email ID			: 7	838121	410	Email:	:						
8.	Award	l Letter I	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
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Dated :_														desearch		
			sed attend													
			cholar is		ctory. I	lis/her	fellows	ship for	the i	month						
Rs		(F	Rs:										only)	may be r	elease	ed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	,	Balance Leave
No. of Leave													30			
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_		-	r with sta	-								Signatı	are of th	e Dean v	vith S	tamp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amou	unt of	f Rs.				or	ıly).	

Fellowship ID	
119	

Name of the Fellow : Ms. Yashika Kanojia

Enrollment No. : **05316090021**

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

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

Fellowship ID 120

IPRF

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

Fellowship ID	
120	

Name of the Fellow : Ms. Deepanshi Vijh

Enrollment No. : **05216090021**

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

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

Fellowship ID 121

IPRF

gnature of supervisor with stamp commended and forwarded to release the fellowship amount of Rs. Leave Leave Availed Signature of the Dean with St	S.No.	Na	me of the Fell	fel	lowsh	Period of ip Claimed		llowsł	/Period nip Clain		amou	owship nt of one	Amo (in F	
1. Name of the Fellow : Ms. Venus Sharma : 66740890021 3. Month/Period of fellowship Claimed : 20 from : to	121	Ms V	Zenus Shar		(From	Month)		(To	Month)					
2. Enrollment No. : 06740890021 3. Month/Period of fellowship Claimed :														
3. Month/Period of fellowship Claimed :								na						
4. Amount (in Rs.) :														
5. Name of the School : USBAS 6. Residential Address : : : : : : : : : : : : : : : : : :			•	Claimed										
6. Residential Address :		`						(in '	words):					
Formula Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Total Burden Total Burden														
7. Mobile No. & Email ID : 6396231605 Email: 8. Award Letter No. & date(Copy Attached) : 9. Name of the Supervisor (s) : 10. Bank Account No. :	o. Kesi	dentiai Ac	idress		:_									
9. Name of the Supervisor (s) :	7. Mol	oile No. &	Email ID											
Signature of the Research Fellowship for the enclosed attendance record has been verified for the period from	8. Awa	ırd Letter 1	No. & date(Co	opy Attached	d) :_									
: Name of the Bank:	9. Nan	ne of the S	upervisor (s)		:_									
Address of the Bank	10. Ban	k Account	No.		:_				IFSC	Code	:			
lam a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. I am not availing any other fellowship, financial assistance, grants, etc from any other Govt/Public Institutions, or from the CSR Funds of the OBodies or any other industry or from the University. I am not employed anywhere. I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or a scholarship. Sas a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, regularize the objected amount. Ted: Signature of the Research Fellow and also progress of the Scholar is satisfactory. His/her fellowship for the month of amounting to amounting to (Rs: only) may be released. Total amounting to only in a pure fellowship for the month of amounting to only in a pure fellowship of the					: 1	Name of th	e Banl	ς:						
progress of the Scholar is satisfactory. His/her fellowship for the month of amounting to	I am not e I have no scholarshi as a resul regulariz	mployed any t availed fell p. t of check te the obje	where. lowship for four a or audit objected amount	years after adm						age, a	ection w	ill be tak	ken to refu	nd, a
progress of the Scholar is satisfactory. His/her fellowship for the month of amounting to (Rs: only) may be released to (Rs: only) may be released to only) may be released to only and only only and sep. Oct. Nov. Dec Total Leave Availed of only only and only only and only only only only only only only only														
right Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Leave Leave Availed Leave Availed Institute of supervisor with stamp Signature of the Dean with Step Oct. Sep. Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Signature of the Dean with Step Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Oct. Nov. Dec. Total Leave Leave Availed Institute of supervisor with stamp Oct. Oct. Oct. Nov. Dec. Total Leave Leave Availed Oct. Oc							_							
nth Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Leave Availed of the Dean with Stommended and forwarded to release the fellowship amount of Rs.	progress	of the S	Scholar is sa	tisfactory. H	is/her	fellowshi	p for	the n	nonth o	of				
nature of supervisor with stamp commended and forwarded to release the fellowship amount of Rs.		(I	Rs:		-							_ only) 1	nay be rele	ased.
nature of supervisor with stamp commended and forwarded to release the fellowship amount of Rs. Signature of the Dean with St	nth Jar	ı. Feb.	March A	pril May	June	July A	Aug.	Sep.	Oct.	Nov.	Dec.		Leave	Bala Le
nature of supervisor with stamp Signature of the Dean with St commended and forwarded to release the fellowship amount of Rs.												30		
s. only).	nature of	-	-		he fe	llowship	amoui	nt of	Rs.		Signatu	re of the		

Fellowship ID	
121	

Name of the Fellow : Ms. Venus Sharma

Enrollment No. : **06740890021**

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

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

Fellowship ID 122

IPRF

(Rs	_		_				-1							only	r).
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Signatu	ra of s	ınarvica	r with sta	mn							•	Signat	ura of the	a Daan wid	h Stamn
No. of Leave													30		
Month	Jan.	Feb.	March	April	May J	lune	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
			Rs:		ory. 1118	5/ IICI	ichows	anh 101	uic	шошш				_ amound may be rel	
			sed attenda cholar is												
				onoo =====	and has 1		vorific 1	for the	nonio 1	from	_				
 I ar I ar Book I ar I has a 	n a full ti m residing m not ava dies or an m not emp ave not a olarship. result	me researce g at addressailing any sy other incoloyed any vailed fell of check the obje	th scholar of the sentioned a other fellows dustry or from where, owship for for audit of cted amou	the USS/Ce at Sr. No. 6 ship, financ n the Univer four years a	ntres of Eabove, who ial assista rsity.	xceller nich is nce, gr	nce establinot a gov rants, etc	ished undo ernment a from any h.D. prog	er Ordina ecommo other G	ance-35 condation.	of the University, stage, a	versity. ions, or includin	from the C g IPRF, ST vill be tal	SR Funds of RF, JRF/SR	the Corporate F or any other und, adjust
	Addre	ss of the	Bank												
10.	Bank A	Account	No.												
9.			upervisor ((s)											
8.			No. & date		ttached)) :_									
7.	Mobile	e No. &	Email ID												
6.	Reside	ential Ad	ldress												
5.	Name	of the So	chool			: U	JSBAS								
4.	Amou	nt (in Rs	.)	•											
3.			of fellowsł	hip Claim	ied				20	fror	n :		to		
2.		ment No					694089								
1.	Name	of the Fo	ellow			· N	Ms. Mai	nsi Vats							
	122	Ms. N	Iansi Va	ts			(From P	vionin)		(101)	Month)	I	mont		
S	S.No.		Name of th	he Fellow	7	fel	Month/P lowship (From M	Claime		llowsh	Period of Claim		Fellows amount of	of one	Amount (in Rs.)

Fellowship ID	
122	

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

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

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

Fellowship ID 123

IPRF

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	_	Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	123	Mr. A	man Du	bey									Rs.310	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Am	an Dub	ev						
2.	Enroll	ment No					172039		•						
3.	Month	/Period	of fellowsl	hip Clain	ned	:			20	froi	n :		to		
4.		nt (in Rs		1											
5.	Name	of the So	chool				ISMC		`	ĺ					
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Сору А	ttache										
9.	Name	of the Si	apervisor ((s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Solution A Book I am Book I am School I as a school If a school	n not availies or an not employee not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for t	ship, finand the University four years	cial assis ersity. after adn	tance, gr	rants, etc	from any	other G	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated :											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance rec	ord has	been v	verified	for the	period	l from		t	0	an	ıd also
			cholar is												
Rs.					J			1						- may be rel	-
														•	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
LCave															
Recomn		•	r with sta	•	ease t	he fel	llowshij	o amoi	ınt o	f Rs.		Signatu	ire of the	Dean with	
(Rs														01115	· J•

Fellowship ID	
123	

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

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

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

Fellowship ID 124

IPRF

S	S.No.		Name of	the Fello	ow			Period			th/Perio		Fellow		Amount
						1		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
]	124	Mr. R	avi Seh	rawat			(11011			(2)		.)	Rs.384		
1.	Name	of the Fe	ellow			: N	Ir. Rav	i Sehra	wat						
2.		ment No					192039								
3.			of fellows	hin Clair	med				20	froi	m :		to		
4.		nt (in Rs		r											
5.		of the So	,				JSMC		(
6.		ential Ad				:									
7.	Mobile	e No. & 1	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	Attache										
9.	Name	of the Su	upervisor ((s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I ar ❖ I ha sch If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for t	n the Univ four years objection	ersity. after adı	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, STI	RF, JRF/SR	The Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certifie	d that tl	ne enclos	sed attend	ance rec	ord has	been v	verified	for the	period	l from _		t	0	an	d also
			cholar is												
Rs		(F	Rs:										only) r	nay be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
LLAVE	1	I								1	I		1		
Signatu	re of su	ıperviso	r with sta	тр							:	Signatı	ire of the	Dean wit	h Stamp
Recomn (Rs.	nended	and f	orwarded	to rel	lease t	the fel	lowship	o amou	int of	f Rs.				only	·).

Fellowship ID											
12	4										

Name of the Fellow : Mr. Ravi Sehrawat

Enrollment No. : **01820390021**

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

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

Fellowship ID 125

IPRF

															_
S	.No.		Name of	the Fello	ow			Period of the contract of the			h/Perio		Fellow	^	Amount
						1		Month			ship Cla o Month		amount mon	I	(in Rs.)
1	25	Mr. K	Koshal F	lajora				,					Rs.384	40/-	
1.	Name	of the Fe	ellow			: N	Ar. Kos	hal Raj	ora						
2.	Enroll	ment No) .			: 0	461639	0021							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	froi	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSEM								
6.	Reside	ntial Ad	ldress												
7.	Mobile	e No. &	Email ID			: 8	585957	518	Email:						
8.	Award	Letter 1	No. & date	e(Copy A	Attache	ed) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod I am I ha scho If as a r or regu	ties or and not employe not a plarship. result of larize	y other ind bloyed any vailed fell of check	dustry or from where. lowship for a or audit cted amo	m the University four years objection	versity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SI cen to re	of the Corporate RF or any other fund, adjust
			sed attend												
			cholar is		ctory. I	11s/her	fellows	ship foi	the i	month					
KS		(F	Rs:										only) 1	nay be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
	40 OF ~-	nowiss	n with st	ımn	1							Sign of	uno of the	Dog	ith Stown
_		-	r with sta forwarded	-	lease 1	the fel	llowshir	າ ສຸກາດເ	ınt o	f Re		Signatt	ire or tile	Deall W	ith Stamp
Rs.	ionaca	ana 1	or warded	10 10	icasc	10	110 W 2111]	, annot	411t U	113.				onl	 y).

40=	Fellowship ID										
125											

Name of the Fellow : Mr. Koshal Rajora

Enrollment No. : **04616390021**

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

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

Fellowship ID **126**

IPRF

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

															_	
S	.No.		Name of	the Fell	ow			Period			th/Perio		Fellov			nount
						1	ellowsh From)	ıp Cıaır Month			ship Cla o Montl		amount moi		(ın	Rs.)
1	26	Md. F	aridud	din Raf	fique								Rs.38	440/-		
1.	Name	of the Fe	ellow			: N	/Id. Far	iduddiı	n Rafio	que						
2.	Enroll	ment No				: 0	491639	0021								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSEM									
6.	Reside	ntial Ad	dress			:_										
						:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy A	Attache											
9.	Name	of the Si	apervisor	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
Bod I am I ha scho If as a n or regu	lies or an not employe not a plarship. result (larize the state of th	y other incolored any vailed fell of check the obje	owship for or audit cted amo	m the Univ	ersity.	mission i	into the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/S ken to re	RF or a	adjust
Dated :_											Sig	nature	of the R	esearch	Fellow	7
Certified	l that th	ne enclo	sed attend	lance rec	ord has	s been	verified	for the	period	from _		1	to	8	ınd als	3O
he prog	gress o	f the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the i	month	of			_ amour	iting 1	to
Rs		(F	Rs:										only)	may be r	eleased	d.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	I	alance Leave
No. of Leave													30			
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_		-	r with st	-			.,					Signati	ure of the	e Dean w	ith St	amp
Recomm Rs.	nended	and f	orwarded	to re	iease	tne te	IIowshij	o amoi	unt of	Ks.				on	ly).	

Fellowship ID											
126											

Name of the Fellow : Md. Fariduddin Rafique

Enrollment No. : **04916390021**

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

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

Fellowship ID **127**

IPRF

S	S.No.		Name of	the Fello	w			Period			h/Perio	I	Fellow		Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	127	Mr. S	ushant	Sharma	a			,				,	Rs.384		
1.	Name	of the Fe	ellow			: N	Ar. Sus	hant Sh	arma						
2.	Enroll	ment No	١.			: 0	111619	0021							
3.	Month	/Period	of fellows	hip Clain	ned	:			20	fror	n :		to		
4.	Amou	nt (in Rs	.)	-											
5.	Name	of the So	chool				JSCT								
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID			: 8	463840	353	Email:	:					
8.	Award	l Letter N	No. & date	(Copy A	Attache	d) :_									
9.	Name	of the Su	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or fror where. owship for	n the Unive	ersity. after adr	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated:											Sig	nature	of the Ro	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance reco	ord has	been v	verified	for the	period	from _		t	.o	aı	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	His/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
				1							ı				
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															
Signatu	re of su	ıperviso	r with sta	ımp							;	Signatı	ire of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rel	ease t	he fel	llowship	o amoi	int of	f Rs.					
(Rs														only	y).

Fellowship ID											
127											

Name of the Fellow : Mr. Sushant Sharma

Enrollment No. : **01116190021**

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

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

Fellowship ID 128

IPRF

S	S.No.		Name of	the Fellov	V			/Period			h/Perio		Fellow		Amount
						1		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
1	128	Mr. Vi	ishwende	r Pratap	Singh		(11011			(2)		-)	Rs.384		
1.	Name	of the Fe	ellow			: N	Ar. Vis	hwende	r Prat	ap Sing	gh				
2.	Enroll	ment No	١.				121619				,				
3.	Month	/Period	of fellowsl	hip Claim	ed	:			20	froi	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				JSCT								
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	c(Copy At	ttached										
9.	Name	of the Si	upervisor ((s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Ba	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind bloyed any vailed fell	other fellows lustry or from where. owship for the or audit cted amou	n the Universion to the Universion objection	rsity. ifter admi	ission i	nto the F	h.D. prog	gramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	F or any oth
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance reco	rd has l	been v	verified	for the	period	from		t	0	an	d also
the prog	gress o	of the S	cholar is	satisfacto	ory. Hi	s/her	fellow	ship for	the i	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May .	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30	Tvancu	
Lave							1	<u> </u>			<u> </u>	<u> </u>			
_		-	r with sta	-							1	Signatı	ire of the	Dean wit	th Stamp
Recomn (Rs	nended	and f	orwarded	to rele	ase th	e fel	llowshij	o amoi	unt of	Ks.				only	·).

Fellowship ID	
128	

Name of the Fellow : Mr. Vishwender Pratap Singh

Enrollment No. : **01216190021**

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

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

Fellowship ID 129

IPRF

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	_	Amount
						į t		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
1	129	Ms. R	Rachita A	Agrawa	1		(11011		,	(2)		.)	Rs.310		
 1.	Name	of the Fo	ellow			· N	Is. Rac	hita Ag	rawal			<u> </u>			
2.		ment No					811659								
3.			of fellows	hin Clain	ned				20	fror	n ·		to		
4.		nt (in Rs		mp Clain	ilou										
5.		of the So					JSLLS		(111	words)					
6.		ential Ad													
0.	Reside	muai Au	diess												
7.	Mobile	e No. &	Email ID				838394								
8.	Award	l Letter N	No. & date	c(Copy A	ttache	d) :_									
9.	Name	of the Si	apervisor ((s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance reco	ord has	been	verified	for the	period	l from _		t	0	an	ıd also
			cholar is												
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave															
Signatu	re of su	ıperviso	r with sta	ımp							,	Signatu	re of the	Dean wit	th Stamp
Ü		•	orwarded	•	ease t	he fel	lowship	o amou	int of	f Rs.					
(Rs														only	·/).

Fellowship ID	
129	

Name of the Fellow : Ms. Rachita Agrawal

Enrollment No. : **08116590021**

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

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

Fellowship ID 130

IPRF

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

S	S.No.		Name of t	the Fellov	W			Period			h/Perio		Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
1	130	Mr. N	Iohit Ta	nwar								,	Rs.384		
1.	Name	of the Fe	ellow			: N	Ar. Mo	hit Tan	war						
2.	Enroll	ment No				: 0	831659	0021							
3.	Month	/Period	of fellowsh	nip Claim	ned	:			20	fror	n :		to		
4.		nt (in Rs		•											
5.	Name	of the So	chool				JSLLS		`	ĺ					
6.	Reside	ntial Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	ttached	d) :_									
9.	Name	of the Su	upervisor ((s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Ba	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sch If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for f	the Univerous tour years a	rsity. after adm	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SR	The Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attenda	ance reco	ord has	been v	verified	for the	period	from _		1	.o	an	d also
the prog	gress o	of the S	cholar is	satisfact	ory. H	is/her	fellows	ship for	the	month	of			amount	ng to
Rs		(F	Rs:										only) 1	nay be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave			1												
Ü		•	r with star	•	ease tl	he fel	llowshij	o amoi	ant of	f Rs.		Signatı	ire of the	Dean wit	h Stamp
(Rs.														only	·).

Fellowship ID	
130	

Name of the Fellow : Mr. Mohit Tanwar

Enrollment No. : **08316590021**

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

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

Fellowship ID **131**

IPRF

S	.No.		Name of	the Fello	ow		Month/ ellowsh	Period o			h/Perio			wship		Amount
						1		Month	I .		ship Cla o Month		amount mo	nth		(in Rs.)
1	31	Ms. R	Ruchi Bl	nalla			`	,					Rs.38	440/-		
1.	Name	of the Fe	ellow			: N	As. Ruc	hi Bhal	la							
2.	Enroll	ment No) .			: 0	801669	0021								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to	·		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSMS									
6.	Reside	ntial Ad	ldress													
7		3 .1 0 :	F '1 ID			:_										
			Email ID	(C												
8.			No. & date	`	Attache	_										
			upervisor	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
Bod I am I ha scho If as a n or regu	lies or an not employe not a plarship. result (y other ind bloyed any vailed fell of check	dustry or from where. lowship for a or audit cted amo	m the University four years objection	versity.	mission i	into the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, S	TRF, JRF/	SRF o	e Corporate or any other d, adjust ow
			sed attend	lance rec	ord has	s been s	verified	for the	period	from		1	to		and	also
			cholar is													
			Rs:			110/1101	10110	,p 101					only)			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
lo. of Leave													30			
					1		ı		<u>I</u>			l				
_		-	r with sta	-		_						Signati	ure of th	e Dean	with	Stamp
lecomm Rs.	nended	and f	orwarded	to re	lease 1	the fe	Howship	o amou	unt of	t Rs.				0	nly).	_

Fellowship ID	
131	

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

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

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

Fellowship ID **132**

IPRF

S	S.No.		Name of	the Fello	W			Period	I .		h/Perio		Fellow	^	Amount
						10		ip Clain Month			ship Cla o Month		amount mon	I	(in Rs.)
1	L32	Ms. R	enu Ch	hikara			(From	TVIOITEI	,	(1)	o ivioiti.	.)	Rs.384		
 1.	Name	of the Fo	allow			· N	Is Don	u Chhi	lzara						
2.		ment No					15. Ken 891669		Kai a						
				hin Clain					20	£			4		
3.			of fellows	nip Ciain	nea										
4.		nt (in Rs	,						(1n	words)	:				
5.		of the So					ISMS								
6.	Reside	ential Ad	dress												
7		N I 0	E '11D												
7.			Email ID												
8.			No. & date		ttached										
9.			apervisor ((s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	n the Universion four years in objection	ersity. after adm	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	includinį	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance reco	ord has	been v	verified	for the	period	from _		t	0	ar	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	is/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	ımp							:	Signatı	ire of the	Dean wi	th Stamp
Ü		•	orwarded	•	ease th	he fel	lowshir	o amoi	int o	f Rs.		<i>a</i>			r
(Rs														only	7).

Fellowship ID	
132	

Name of the Fellow : Ms. Renu Chhikara

Enrollment No. : **08916690021**

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

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

Fellowship ID 133

IPRF

S	S.No.		Name of	the Fello	w			Period			h/Perio		Fellow		Amount
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	133	Ms. S	hivangi	Kuma	r		(=====		,	(-		-)	Rs.384		
 1.	Name	of the Fe	ellow			: N	As. Shiv	vangi K	umar						
2.	Enroll	ment No	١.				021739	_							
3.	Month	/Period	of fellows	hip Clair	ned	:			20	fror	n :		to		
4.	Amou	nt (in Rs	.)	-											
5.	Name	of the So	chool				JSAP								
6.	Reside	ential Ad	dress			:_									
7.	Mobil	e No. &	Email ID			: 7	289828	508	Email:	:					
8.	Award	l Letter N	No. & date	(Copy A	Attache	(d) :_									
9.	Name	of the Si	apervisor ((s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or and not employed not a not a not a not a library of the not a library of the not a	y other ind ployed any vailed fell	lustry or from where. owship for	n the Universive objection	ersity. after adr	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other Fund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance rec	ord has	been v	verified	for the	period	l from _		t	.o	aı	nd also
the prog	gress c	of the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	ımp							;	Signatu	ire of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rel	ease t	he fel	llowshij	o amoi	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
133	

Name of the Fellow : Ms. Shivangi Kumar

Enrollment No. : **00217390022**

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

Fellowship ID 134

IPRF

S	S.No.		Name of	the Fello	W	- 1		Period			th/Period		Fellow	^	Amount
						fe		ip Clain Month			ship Cla o Month		amount o	I	(in Rs.)
1	L34	Ms. N	upur So	oti			(Troil	rionin	,	(1)	o ivioniii	.)	Rs.384		
 1.	Name	of the Fo	ellow			· N	Is. Nur	ur Soti							
2.		ment No					941669								
3.			of fellows	hin Clain	ned				20	fror	m·		to		
4.		nt (in Rs		mp Clain											
5.		of the So					SMS		(111	words)	•				
6.		ential Ad													
0.	reside	iitiai 7 ta	di C33												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	ttache	d) :_									
9.	Name	of the Su	apervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code				
						: N	lame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or fror where. owship for	n the Unive	ersity. after adm	nission ii	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance reco	ord has	been v	verified	for the	period	from _		t	o	ar	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	is/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
								1						1	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	Truncu	
Leave	1														
Signatu	re of su	ıperviso	r with sta	ımp							,	Signatu	re of the	Dean wi	th Stamp
Ü		•	orwarded	•	ease tl	he fel	lowship	o amou	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
134	

Name of the Fellow : **Ms. Nupur Soti**Enrollment No. : **09416690022**

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

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

Fellowship ID 135

IPRF

								· · ·							
5	S.No.		Name of	the Fello	ow	f		Period of the Pe			h/Perioo ship Cla		Fellow amount	- 1	Amount (in Rs.)
								Month			o Month		mon	ıth	
1	135	Ms. L	iza										Rs.384	140/-	
1.	Name	of the Fo	ellow			: N	Is. Liza	1						I	
2.	Enroll	ment No				: 1	041669	0022							
3.	Month	/Period	of fellows	ship Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	ISMS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobil	e No. &	Email ID			: 9	050312	391	Email:						
8.	Award	l Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFSO	C Code	:			
						: N	Vame of	the Ba	nk:						
	Addre	ss of the	Bank												
 ❖ I an Boo ❖ I an ❖ I ha sch If as a 	n not availies or an not empave not a olarship.	ailing any y other incologed any vailed fell of check	lustry or from where. owship for	with the University of University of the University of the University of	ncial assis versity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that th	he enclo	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	o	ar	nd also
the prog	gress c	of the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the 1	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															
Signatu	wa af su	morrico	r with sta	mn								Signatu	uro of the	Dean wi	th Stomn
Ü		•	orwarded	•	lease t	he fel	lowehi	n amo	ınt of	f Re	,	эдпаш	n e or ule	Deall WI	ın Stamp
(Rs.		unu 1		10.					OI	100.				only	/).

135	

Name of the Fellow : Ms. Liza
Enrollment No. : 10416690022

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

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

Fellowship ID **136**

IPRF

S	S.No.		Name of	the Fellov	W			Period			h/Perio		Fellow		Amount
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	136	Ms. B	havana	Bhardv	vaj			,				,	Rs.384		
1.	Name	of the Fe	ellow			: N	Is. Bha	vana B	hardw	aj					
2.	Enroll	ment No				: 0	222039	0022							
3.	Month	/Period	of fellows	hip Claim	ned	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSMC								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	759407	341	Email:						
8.	Award	l Letter N	No. & date	c(Copy A	ttache	d) :_									
9.	Name	of the Su	apervisor	(s)		:_									
10.	Bank A	Account	No.												
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or fror where. owship for	n the Unive five years a objectior	rsity. after adm	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance reco	ord has	been v	verified	for the	period	from		t	o	an	d also
the prog	gress o	of the S	cholar is	satisfact	ory. H	is/her	fellows	ship for	the 1	month	of			amount	ing to
Rs		(F	Rs:										_ only) 1	may be rel	eased.
										1					
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	Tvancu	
Leave															
Signatu	re of su	ıperviso	r with sta	ımp							\$	Signatu	re of the	Dean wit	th Stamp
Ü		•	orwarded	•	ease tl	he fel	llowship	o amoi	ınt of	f Rs.					
(Rs														only	

136	Fe	llowship ID	
130		136	

Name of the Fellow : Ms. Bhavana Bhardwaj

Enrollment No. : **02220390022**

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

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

Fellowship ID **137**

IPRF

S	S.No.		Name of	the Fellov	V			Period			h/Perio	I	Fellow		Amount
						16		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	L37	Ms. A	astha T	iwari					,			,	Rs.384		
 1.	Name	of the Fe	ellow			: N	Is. Aas	tha Tiw	ari						
2.	Enroll	ment No	١.			: 0	242039	0022							
3.	Month	/Period	of fellowsl	hip Claim	ied	:			20	fror	n :		to		
4.	Amou	nt (in Rs	.)	•											
5.	Name	of the So	chool				JSMC								
6.	Reside	ential Ad	dress			:_									
7.	Mobile	e No. &	Email ID			: 7	388612	800	Email:						
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	upervisor ((s)		:_									
10.	Bank A	Account	No.			:_				IFS	Code	:			
						: N	Name of	the Ba	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or fron where. owship for t	n the Universitive years a objection	rsity. ıfter adn	nission ii	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other Fund, adjust
Dated:											Sig	nature	of the Ro	esearch F	ellow
Certified	d that tl	ne enclos	sed attenda	ance reco	ord has	been v	verified	for the	period	from		t	.o	aı	nd also
the prog	gress o	of the S	cholar is	satisfact	ory. H	is/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
	,							ı		1					
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	mp							\$	Signatu	ire of the	Dean wi	th Stamp
	nended	and f	orwarded	to rele	ease t	he fel	llowship	o amo	int of	f Rs.					
(Rs														only	y).

137	Fe	ellowship ID	
		137	

Name of the Fellow : **Ms. Aastha Tiwari**Enrollment No. : **02420390022**

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

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

Fellowship ID 138

IPRF

S	S.No.		Name of	the Fello	ow			Period			th/Perio	I	Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount mon	I	(in Rs.)
1	138	Ms. S	heetal (Gahlot			(11011		,	(2)		.)	Rs.384		
1.	Name	of the Fe	ellow			: N	Is. She	etal Ga	hlot						
2.		ment No				: 0	941659	0022							
3.	Month	/Period	of fellows	hip Clai	med	:			20	froi	n :		to		
4.		nt (in Rs		1											
5.		of the So					JSLLS			,					
6.	Reside	ential Ad	dress			:									
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Ba	nk:						
	Addre	ss of the	Bank												
Book I an I hat scho If as a	lies or and not employee not a local allower and a local allower and a local allower allower and a local allower allower allower and a local allower allower and a local allower allower allower and a local allower a	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	of the Corporate RF or any other fund, adjust
Dated :											Sig	nature	of the R	esearch F	ellow
Certified	d that th	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	.0	aı	nd also
the prog	gress o	of the S	cholar is	satisfac	ctory. H	His/her	fellows	ship for	the	month	of			_ amount	ting to
Rs		(F	Rs:										only) :	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															
Recomn		•	r with st a	•	lease t	he fel	llowshij	o amoi	ant of	f Rs.		Signatu	ire of the		ith Stamp
(Rs														onl	y <i>j</i> .

	Fellowship ID
138	138

Name of the Fellow : Ms. Sheetal Gahlot

Enrollment No. : **09416590022**

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

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

Fellowship ID 139

IPRF

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	- 1	Amount
						f		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
1	139	Ms. P	ragya B	hadau	ria		(11011	. IVIOIIII	,	(1)	o ivioiti.	.)	Rs.384		
1.	Name	of the Fo	ellow			· 1	Is Pra	gya Bha	adauri	9					
2.		ment No					951659		·uauii						
3.			of fellows	hin Clair	med				20	fror	n·		to		
4.		nt (in Rs		mp Ciun	iica										
5.		of the So					JSLLS		(111	words)	•				
6.		ential Ad													
0.	Reside	illiai Au	urcss												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Book I an I has scho	lies or and not employee not a local allower and a local allower and a local allower allower and a local allower allower allower and a local allower allower and a local allower allower allower and a local allower a	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity.	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated :											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	0	ar	nd also
														amount	
Rs		(F	Rs:										only) 1	may be rel	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															
Signatu	re of su	ıperviso	r with sta	ımp							;	Signatu	re of the	Dean wi	th Stamp
	nended	and f	orwarded	to re	lease t	he fel	lowship	o amou	ınt of	f Rs.					
(Rs														only	7).

139	

Name of the Fellow : Ms. Pragya Bhadauria

Enrollment No. : **09516590022**

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

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

Fellowship ID 140

IPRF

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

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	- 1	Amount
						1		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
1	L 40	Mr. A	bhishek	<u> </u>			(11011			(2)		.)	Rs.384		
 1.	Name	of the Fe	ellow			: N	Ir. Abl	nishek							
2.		ment No					261649								
3.			of fellows	hip Clair	med				20	fror	n :		to		
4.		nt (in Rs		r											
5.		of the So					JSIC&T		(., 6145)					
6.		ential Ad													
7.	Mobile	e No. & 1	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
						: N	Name of	the Ba	ık:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other fund, adjust
Dated :											Sig	nature	of the Ro	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	0.0	ar	nd also
														amount	
Rs.														– may be rel	_
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
LCave															
Ü		•	r with sta	•	lease t	he fel	llowshi _l	o amoi	ant of	f Rs.		Signatu	ire of the	e Dean wi	
(170.															<i>, ,</i> .

Fellowship ID	
140	

Name of the Fellow : **Mr. Abhishek**Enrollment No. : **22616490022**

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

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

Fellowship ID 141

IPRF

															_
S	.No.		Name of	the Fello	ow	f		Period of the Pe			th/Perio ship Cla		Fellov amount	^	Amount (in Rs.)
								Month			o Month		mor		(111 1101)
1	41	Ms.	Manisha	Sharr	na								Rs.384	140/-	
1.	Name	of the Fe	ellow			: N	As. Ma	nisha S	harma	ı				I	
2.	Enroll	ment No				: 2	301649	0022							
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSIC&	Γ							
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
			Email ID				729152	862	Email:						
8.	Award	Letter N	No. & date	e(Copy A	Attache	ed) :_									
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
						: 1	Name of	the Ba	1k:						
	Addre	ss of the	Bank												
 I am Bod I am I ha scho If as a lor regular 	n not availies or an in not employe not a plarship. result (larize to a superior and a superior	ailing any y other inc bloyed any vailed fell of check the obje	lustry or from where, owship for or audit cted amo	whip, finar m the Univ five years	ncial assi versity. after ad	stance, g	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SF	of the Corporate RF or any other fund, adjust
Dated :_											Sig	nature	of the R	esearch I	rellow
Certified	l that th	ne enclo	sed attend	lance rec	ord has	s been	verified	for the	period	from _		1	to	a	nd also
the prog	gress o	f the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the i	month	of			_ amoun	ting to
Rs		(F	Rs:										only)	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Larc			I		<u> </u>						<u> </u>	l	1		
Signatu	re of su	ıperviso	r with sta	amp								Signati	ure of the	e Dean w	ith Stamp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amoi	unt of	f Rs.				onl	y).

Fellowship ID	
141	

Name of the Fellow : Ms. Manisha Sharma

Enrollment No. : 23016490022

July

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

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

Oct.

Sep

Aug

Signature of the Research Fellow

Dec

Nov.

Fellowship ID 142

IPRF

S	S.No.		Name of	the Fello	ow			Period			th/Perio		Fellow	^	Amount			
						1		ip Clair Month			ship Cla o Month		amount o	I	(in Rs.)			
1	142	Ms. S	hradha	Singh			(11011			(2)		.)	Rs.384					
 1.	Name	of the Fo	ellow			: N	As. Shr	adha Si	ngh									
2.		ment No					662169											
3.			of fellows	hin Clair	med				20	fror	m·		to					
4.		nt (in Rs		mp cian	illo G													
5.		of the So					:(in words): : USHSS											
6.		ential Ad																
0.	reside	iitiai 7 ta	diess															
7.	Mobile	e No. &	Email ID															
8.	Award	l Letter N	No. & date	e(Copy A	Attache	d) :_												
9.	Name	of the Si	upervisor	(s)														
10. Bank Account No. :IFSC Code :																		
						: N	Name of	the Ba	nk:									
	Addre	ss of the	Bank															
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity. after adr	mission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate F or any other rund, adjust			
Dated :											Sig	nature	of the Re	esearch F	ellow			
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	o	ar	nd also			
the prog	gress c	of the S	cholar is	satisfac	tory. F	His/her	fellows	ship for	the	month	of			_ amount	ing to			
Rs		(F	Rs:										only) r	may be rel	leased.			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave			
No. of													30					
Leave																		
Signatu	re of su	ıperviso	r with sta	тр							\$	Signatu	ire of the	Dean wi	th Stamp			
Recomn	nended	and f	orwarded	to re	lease t	he fel	llowship	o amoi	int of	f Rs.								
(Rs													only	y).				

Fellowship ID	
142	

Name of the Fellow : **Ms. Shradha Singh**

Enrollment No. : **06621690022**

July

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

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

Oct.

Sep

Aug

Signature of the Research Fellow

Dec

Nov.

Fellowship ID 143

IPRF

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	-	Amount			
						f f		ip Clain Month			ship Cla o Month		amount o		(in Rs.)			
1	L43	Ms. P	ayal Da	hiya			(11011	Tylonin	,	(1)	3 IVIOIIII	.)	Rs.384					
1.	Name	of the Fe	ellow			· 1	Is Pay	al Dahi	va									
2.		ment No					672169		y a									
3.			of fellows	hin Clain	ned				20	fror	n·		to					
4.		nt (in Rs		inp Cium	ilea		:											
5.		of the So	,				: USHSS											
6.		ential Ad																
0.	Reside	illiai Au	urcss															
7. Mobile No. & Email ID : 9717840077 Email:																		
8.	Award	Letter N	No. & date	с(Сору А	ttache													
9.	Name	of the Si	upervisor ((s)														
10. Bank Account No. :IFSC Code :																		
						: N	Name of	the Bar	nk:									
	Addre	ss of the	Bank															
Book I an I hat scho If as a	dies or and not employed not a not a not a not a library of the not a library of the not a	y other ind bloyed any vailed fell of check	lustry or from where. owship for	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate F or any other rund, adjust			
Dated:											Sig	nature	of the Re	esearch F	ellow			
Certified	d that tl	ne enclo	sed attend	ance reco	ord has	been v	verified	for the	period	l from _		t	o	an	nd also			
			cholar is															
Rs		(F	Rs:										only) 1	nay be rel	leased.			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave			
No. of													30	Tivaneu				
Leave																		
Signatu	re of si	ıperviso	r with sta	ımp							!	Signatu	re of the	Dean wit	th Stamn			
O		•	orwarded	•	ease t	he fel	lowshir	o amoi	ant of	f Rs.	·				. ~			
(Rs														only	7).			

Fellowship ID	
143	

Name of the Fellow : Ms. Payal Dahiya
Enrollment No. : 06721690022

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

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

Fellowship ID 144

IPRF

(Rs.							1		,					on	v).	
		_	r with sta	_	lease th	ne fel	llowshir	o amoi	ınt of	f Rs.		_			ith Stamp	
No. of Leave													30			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balanc Leave	
			Rs:		7101y. 111	18/1101	lenows	siiip ioi	the	monun			only):			
			sed attend cholar is													
							. 0. 1	0 1			_					
9. 10. I hereb I an I an I ar Boo I an I ha	Address Add	of the So Account ass of the are that me researce g at address alling any yother incoloped any vailed fell of check the obje	Bank	the USS/C at Sr. No. rship, finar m the Univ	Centres of E 6 above, w icial assista versity. after admi	:: N Excellent thich is ance, grission in	Name of	ished undernment a from any	er Ordina ccommo other G	IFS0	C Code of the Unition Institution Inversity,	eversity.	from the C	SR Funds of RF, JRF/S	of the Corpor	rate
8.			No. & date	e(Copy A	Attached											
7.	Mobile	a No. fr	Email ID													
6.	Reside	ential Ad	ldress													
5.		of the So				: U	JSEM									
4.	Amou	nt (in Rs	.)	_												
3.			of fellows	hip Claiı	med				20	froi	n :		to			
2.		ment No					581639		і паки	1						
1.		of the Fe				· N	An Sha	msher '	Fhalzu					,		
1	L44	Mr. S	hamshe	r Thak	ur		(From	Month)	(Te	o Montl	1)	mor Rs.38 4			_
S	S.No.		Name of	the Fello	ow	f	ellowsh	Period of the Pe	ned	fellow	th/Perio ship Cla	imed	Fellow amount	of one	Amount (in Rs.)	

Fellowship ID	
144	

Name of the Fellow : Mr. Shamsher Thakur

Enrollment No. : **05816390022**

Jan

July

Feb

Aug

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

Fellowship started Year 20

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

April

Oct.

Year 20

Mar

Sep

Signature of the Research Fellow

June

Dec

May

Nov.

Fellowship ID 145

IPRF

S	S.No.		Name of	the Fello	ow			Period			th/Perio	I	Fellow	_	Amount			
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)			
1	L 45	Ms. P	ooja Gu	pta					,			,	Rs.384	140/-				
1.	Name	of the Fe	ellow			: N	Is. Poo	ja Gupt	ta			L						
2.	Enroll	ment No					591639	_										
3.	Month	/Period	of fellows	hip Clai	med	:_			20	froi	n :		to					
4.	Amou	nt (in Rs	.)															
5.	Name	of the So	chool				: USEM											
6.	Reside	ential Ad	dress			:_												
						:_												
7.	Mobile	e No &	Email ID															
8.			No. & date	e(Conv.)	Attache													
9.			apervisor			_												
		Account	-	(5)			: IFSC Code :											
	Addre	ss of the	Bank															
Boo ❖ I an ❖ I ha sche If as a	lies or and not employee not a local allower and a local allower and a local allower allower and a local allower allower allower and a local allower allower and a local allower allower allower and a local allower a	y other ind ployed any vailed fell	lustry or fror where. owship for	m the Univ	ersity.	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate F or any other rund, adjust			
Dated:											Sig	nature	of the Ro	esearch F	ellow			
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	from _		t	0	ar	nd also			
the prog	gress o	f the S	cholar is	satisfac	ctory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to			
Rs		(F	Rs:										only) i	may be re	leased.			
M 41-	Ton	Feb.	March	April	May	June	July	A	Can	Oct.	Nov.	Dec.	Total	Total	Balance			
Month	Jan.	reo.	March	Aprii	Iviay	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Leave	Leave Availed	Leave			
No. of Leave													30					
		I									I				1			
Recomn	gnature of supervisor with stamp ecommended and forwarded to release the fellowship amount of Rs																	
(Rs														only	y) .			

Fellowship ID	
145	

Name of the Fellow : Ms. Pooja Gupta
Enrollment No. : 05916390022

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

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

Fellowship ID 146

IPRF

S	.No.		Name of	the Fello	ow			Period			h/Perio		Fellov			nount
						f		ip Clair Month			ship Cla o Month		amount	I	(in	n Rs.)
1	46	Ms. S	wati Sh	arma			(Troil	· · · · · · · · · · · · · · · · · · ·	,	(1)	o ivioliti	.)	Rs.38			
1.	Name	of the Fe	ellow			: N	Is. Swa	ti Shar	ma							
2.	Enroll	ment No				: 0	276999	0722								
3.	Month	/Period	of fellows	hip Clai	med	:_			20_	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: U	JSE									
6.	Reside	ential Ad	dress													
7.	Mobile	e No. & 1	Email ID			:_										
8.			No. & date	(Copy A	Attache											
9.			apervisor			_										
9. Name of the Supervisor (s) :																
: Name of the Bank:																
	Addres	ss of the	Bank													
Bod I an I ha scho If as a l or regu	lies or any not employe not a plarship. result (y other ind bloyed any vailed fell of check the obje	owship for or audit cted amo	n the Univ	ersity.	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, Si	FRF, JRF/S	SRF or a	any other
Dated :_														desearch		
			sed attend													
the prog	gress o		cholar is	satisfac	ctory. H	lis/her	fellows	ship for	the	month	of					
Rs		(F	Rs:										only)	may be r	elease	d.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	, 1	Balance Leave
No. of Leave													30			
Signatu	gnature of supervisor with stamp Signature of the Dean with Stamp ecommended and forwarded to release the fellowship amount of Rs.															

Fellowship ID	
146	

Name of the Fellow : **Ms. Swati Sharma**Enrollment No. : **02769990722**

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

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

Fellowship ID 147

IPRF

S	S.No.		Name of	the Fello	W			Period	I .		h/Perio		Fellow	_	Amount	
						I		ip Clain Month			ship Cla o Month		amount mon	I	(in Rs.)	
1	L47	Ms. S	tuti Sha	andilya								,	Rs.384			
1.	Name	of the Fe	ellow			: N	As. Stut	ti Shand	lilva							
2.	Enroll	ment No	١.				296999		•							
3.	Month	/Period	of fellows	hip Clain	ned	:			20	fror	n :		to			
4.		nt (in Rs		•												
5.	Name	of the So	chool				JSE		`	ĺ						
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	l Letter N	No. & date	e(Copy A	ttache	d) :_										
9.	Name	of the Si	upervisor	(s)												
10. Bank Account No. : IFSC Code :																
						: N	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
Boo ❖ I an ❖ I ha sch If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or fror where. owship for	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	includinş	g IPRF, ST	RF, JRF/SR	of the Corporate RF or any other fund, adjus	er
Dated :											Sig	nature	of the Ro	esearch F	ellow	
Certified	d that tl	ne enclo	sed attend	lance reco	ord has	been v	verified	for the	period	l from _		t	.o	aı	nd also	
			cholar is													
Rs		(F	Rs:										only) 1	may be re	leased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave	
No. of Leave													30			
LCave																
Recomn	ignature of supervisor with stamp ecommended and forwarded to release the fellowship amount of Rs															
(Rs											only).					

Fellowship ID	
147	

Name of the Fellow : Ms. Stuti Shandilya

Enrollment No. : **02969990722**

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

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

Fellowship ID 148

IPRF

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellov		Amoun			
						I		ip Clain Month			ship Cla o Month		amount mor		(in Rs.)			
1	.48	Ms. A	parna P	athak				,	,			,	Rs.384					
1.	Name	of the Fe	ellow			: N	Is. Apa	rna Pat	thak									
2.	Enroll	ment No				: 0	541609	0022										
3.	Month	/Period	of fellows	hip Clain	ned	:_	: to to											
4.	Amou	nt (in Rs	.)													_		
5.	Name	of the So	chool				SBT											
6.	Reside	ential Ad	dress															
7.	Mobile	e No. &	Email ID															
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_												
9.	Name	of the Su	apervisor	(s)		:_												
10.	Bank A	Account	No.			:_				IFS	C Code	:				_		
						: N	Vame of	the Bar	nk:									
	Addre	ss of the	Bank															
Book I an I ha scho If as a or regular	dies or an not empaye not a lolarship. result ollarize	y other incolored any vailed fell of check the obje	lustry or from where. owship for or audit cted amo	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	TRF, JRF/SF	of the Corpo	ther		
Dated :											Sig	nature	of the R	esearch I	ellow			
Certified	d that tl	ne enclo	sed attend	lance reco	ord has	been	verified	for the	period	from _		1	.o	a	nd also			
the prog	gress o	of the S	cholar is	satisfact	ory. H	lis/her	fellows	ship for	the	month	of			_ amoun	ting to			
Rs		(F	Rs:										only)	may be re	leased.			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balanc Leave			
No. of Leave													30					
Ü		•	r with sta	•							;	Signatı	ire of the	e Dean w	ith Stamp			
Recomn (Rs	nended	and f	orwarded	to rele	ease t	he fel	llowship	o amoi	int of	f Rs.				onl	y).			

Fellowship ID	
148	

Name of the Fellow : Ms. Aparna Pathak

Enrollment No. : **05416090022**

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

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

Fellowship ID 149

IPRF

S.No).	Name of the Fo	ellow			Period			h/Perio		Fellow	- 1	Amount			
				1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)			
14	9 Ms. S	uhana Mish	ra		(11011		,	(2)		-)	Rs.384					
1. Na	ime of the Fe	ellow		: N	As. Suh	ana Mi	shra									
2. En	rollment No			: 0	561609	0022										
3. M	onth/Period	of fellowship C	laimed	:	: to to											
	nount (in Rs	•														
	me of the So				JSBT			,								
6. Re	sidential Ad	dress		:												
7. M	obile No. &	Email ID														
8. Av	ward Letter N	No. & date(Cop	y Attache													
9. Na	ime of the Si	upervisor (s)														
10. Ba	nk Account	No.														
				: 1	Name of	the Ba	nk:									
Ac	ldress of the	Bank														
Bodies I am no I have scholars If as a res	or any other income temployed any not availed fell ship. ult of check	other fellowship, filustry or from the U where. owship for five ye or audit objected amount.	Iniversity.	mission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, ST	RF, JRF/SR	F or any other			
Dated :									Sig	nature	of the Ro	esearch F	ellow			
Certified th	at the enclos	sed attendance	record has	s been	verified	for the	period	from _		1	.0	an	d also			
the progres	ss of the S	cholar is satis	factory. I	lis/her	fellows	ship for	the	month	of			amount	ing to			
Rs	(F	Rs:									only) 1	may be rel	eased.			
Month J	an. Feb.	March Apri	l May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave			
No. of Leave											30					
Leave													_			
Ü	•	r with stamp	release t	the fel	llowshij	o amoi	ant of	f Rs.		Signatı	ire of the	Dean wit				

Fellowship ID	
149	

Name of the Fellow : Ms. Suhana Mishra

Enrollment No. : **05616090022**

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

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

Fellowship ID **150**

IPRF

S	S.No.		Name of	the Fello	w			Period			h/Perio		Fellow	^	Amount			
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)			
1	.50	Ms. S	imarjee	t Kaur	Bhati	ia						,	Rs.384					
1.	Name	of the Fe	ellow			: N	Is. Sim	arjeet I	Kaur B	hatia		L						
2.	Enroll	ment No				: 0	: 08240890022											
3.	Month	/Period	of fellows	ship Clair	ned	:_	:											
4.	Amou	nt (in Rs	.)			:_			(in	words)	:							
5.	Name	of the So	chool			: U	SBAS											
6.	Reside	ential Ad	dress															
7.			Email ID				838110	221	Email:									
8.	Award	l Letter I	No. & date	e(Copy A	Attache	(d) :_												
9.	Name	of the Si	apervisor	(s)														
10.	Bank A	Account	No.															
	Addre	ss of the	Bank															
Bod I an I ha scho If as a l or regu	dies or an not empaye not a lolarship. result ollarize	y other incolored any vailed fell of check the obje	lustry or from where. owship for or audit cted amo	m the University objection	ersity. after adr	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR ken to ref	f the Corporate F or any other rund, adjust			
Dated :_											Sig	nature	of the Ro	esearch F	ellow			
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	.o	ar	nd also			
the prog	gress o	of the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the 1	month	of			_ amount	_			
Rs		(F	Rs:										only) 1	may be re	leased.			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave			
No. of Leave													30					
				1														
Signatu	re of su	ıperviso	r with sta	amp							;	Signatı	ire of the	Dean wi	th Stamp			
Recomm (Rs	nended	and f	orwarded	to rel	ease t	the fel	lowship	o amou	ant of	f Rs.				only	y).			

Fellowship ID	
150	

Name of the Fellow : Ms. Simarjeet Kaur Bhatia

Enrollment No. : **08240890022**

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

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

Fellowship II)
151	

IPRF

S	S.No.		Name of	the Fello	ow			Period			h/Perio	- 1	Fellow	_	Amount
						I		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
1	151	Ms. N	ikita										Rs.384	40/-	
1.	Name	of the Fe	ellow			: N	Is. Niki	ita				L		<u> </u>	
2.	Enroll	ment No				: 0	884089	0022							
3.	Month	/Period	of fellows	hip Clair	ned	:			20	fror	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				SBAS								
6.	Reside	ntial Ad	dress			:_									
						:_									
7.	Mobile	e No. &	Email ID			: 7	015058	083	Email:						
8.	Award	Letter 1	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Si	apervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFSO	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
 I an Book I an I has school If as a limit as a lin	n not availies or an not employee not a olarship.	oiling any y other incolored any vailed fell of check	lustry or from where. owship for	rship, finand the University of the University of the Section 1987 objection 1987	ncial assis ersity. after adn	tance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SRI	The Corporate F or any other und, adjust
Dated:											Sig	nature	of the Re	esearch Fo	ellow
Certified	d that th	ne enclos	sed attend	lance rec	ord has	been	verified	for the	period	from		t	.o	an	d also
the prog	gress o	f the S	cholar is	satisfac	tory. H	lis/her	fellows	ship for	the i	month	of			_ amounti	ng to
Rs		(F	Rs:										only) 1	nay be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															
Ü		•	r with sta	•	lease t	he fel	llowship	o amoi	ınt of	f Rs.		Signatu	ire of the	Dean wit	
(110.															<i>j</i> ·

Fellowship ID	
151	

Name of the Fellow : Ms. Nikita
Enrollment No. : 08840890022

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

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

Fellowship ID **152**

IPRF

															_	
S	.No.		Name of	the Fello	ow			Period o			th/Perio		Fellov			nount
						l I		ip Clain Month			ship Cla o Month		amount mo	I	(in	Rs.)
1	52	Mr. S	idharth	Verma	a			,					Rs.38	440/-		
1.	Name	of the Fe	ellow			: N	Ar. Sidl	harth V	erma							
2.	Enroll	ment No) .			: 0	152639	0022								
3.	Month	/Period	of fellows	hip Clai	med	:_			20	froi	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: (CEDM									
6.	Reside	ntial Ad	ldress			:_										
						:_										
7.	Mobile	e No. &	Email ID			: 8	130325	649	Email:							
8.	Award	Letter N	No. & date	e(Copy A	Attache	d) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
 I an Bod I am I ha scho If as a lor regular 	n not availies or an in not employe not a plarship. result (larize to a superior and a superior	ailing any y other inc bloyed any vailed fell of check the obje	owship for or audit cted amo	whip, final on the University five years	ncial assis ersity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/S	SRF or a	any other
Dated :_														lesearch		
			sed attend													
the prog	gress o	f the S	cholar is	satisfac	ctory. F	His/her	fellows	ship for	the	month						
Rs		(F	Rs:										only)	may be r	elease	d.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availe	; ;	Balance Leave
No. of Leave													30			
LCAVE			I		<u> </u>						<u> </u>	l		_1		
Signatu	re of su	ıperviso	r with sta	amp								Signat	ure of th	e Dean w	ith St	amp
Recomm (Rs.	nended	and f	orwarded	to re	lease t	he fe	llowship	o amou	int of	f Rs.				on	ly).	

Fellowship ID	
152	

Name of the Fellow : Mr. Sidharth Verma

Enrollment No. : 01526390022

July

Aug

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

Note: If, as a result of 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

Dec

Nov.