Fellowship ID 226

## **STRF**

															_	
S	.No.		Name of	the Fell	ow			Period			h/Perio	I	Fellow			ount
						I	ellowsh From)	ip Clain Month	I .		ship Cla o Month		amount mor		(in l	Ks.)
2	26	Ms. K	Kriti Sin	gh						`		,	Rs.250	000/-		
1.	Name	of the Fe	ellow			: N	As. Krit	ti Singh				ļ				
2.	Enroll	ment No				: 0	011619	0616								
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			: <b>U</b>	JSCT									
6.	Reside	ential Ad	dress			:_										
						:_										
7.	Mobile	e No. &	Email ID			: 8	800749	307	Email:							
8.	Award	l Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bod  I am  I ha scho  If as a r  or regu	lies or an n not emp eve not a plarship. result of larize	y other incolored any vailed fell of check the obje	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/S ken to re	RF or ar	ny other
Dated :_											Ü		of the R			
			sed attend													
			cholar is		ctory. I	lis/her	fellows	ship for	r the	month						
Rs		(F	Rs:										only) :	may be re	eleased	•
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	L	lance eave
No. of Leave													30			
Leave																
Signatu	re of su	ıperviso	r with sta	amp							1	Signatı	are of the	e Dean w	ith Sta	mp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amoi	unt of	f Rs.				on	 ly).	

226	Fe	llowship ID	
		226	

Name of the Fellow : Ms. Kriti Singh
Enrollment No. : 00116190616

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 227

## **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	-	Amount
						1'		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	227	Mr. N	Ianpree	t Singl	1								Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Ma	npreet S	Singh						
2.	Enroll	ment No				: 1	491649	0019							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	fron	n :		to _		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	JSIC&	Γ							
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 7	292036	505	Email:	:					
8.	Award	Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Su	upervisor	(s)		:_									
10.	Bank A	Account	No.												
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
<ul> <li>❖ I an Boo</li> <li>❖ I an</li> <li>❖ I ha sch</li> <li>If as a</li> </ul>	n not availies or an not empave not a olarship.	niling any y other ind ployed any vailed fell of check	lustry or from where. owship for	rship, finar in the Univ five years objection	ncial assis versity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  Tund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	.o	ar	nd also
the prog	gress o	f the S	cholar is	satisfac	etory. H	His/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) ı	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															
Signatu	re of su	ıperviso	r with sta	тр							;	Signatı	ire of the	Dean wi	th Stamp
	nended	and f	orwarded	to re	lease t	he fel	llowship	o amou	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
227	

Name of the Fellow : Mr. Manpreet Singh

Enrollment No. : 14916490019

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 228

## **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio	I	Fellow	^	Amount
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	228	Ms. R	Ruchika				`						Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Ruc	hika							
2.	Enroll	ment No				: 0	771649	4016							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				ISIC&								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	810084	944	Email:	:					
8.	Award	Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Su	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
<ul> <li>I an Book</li> <li>I an I has school</li> <li>If as a limit as a lin</li></ul>	n not availies or an not empave not a olarship.	niling any y other ind ployed any vailed fell of check	lustry or from where. owship for	rship, finar m the Univ five years objection	ncial assis versity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been	verified	for the	period	from _		t	o	ar	ıd also
the prog	gress o	f the S	cholar is	satisfac	ctory. F	Iis/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	nay be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	amp							,	Signatı	ıre of the	Dean wi	th Stamp
Ü		•	orwarded	-	lease t	he fel	lowshi	o amoi	ınt o	f Rs.		<i>a</i>		.,-	r
(Rs														only	

Fellowship ID	
228	

Name of the Fellow : **Ms. Ruchika**Enrollment No. : **07716494016** 

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

## **STRF**

															_	
S	.No.		Name of	the Fell	ow			Period of the Pe	I		th/Perio ship Cla		Fellow amount		Amou	
						1		ip Ciaiii Month			o Month		mor		(in Rs	.)
2	229	Mr. A	shwani	Kuma	r		,						Rs.150	000/-		
1.	Name	of the Fe	ellow			: N	Ar. Ash	wani K	umar							
2.	Enroll	ment No				: 9	007709	1215								
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			: <b>U</b>	JSBAS									
6.	Reside	ntial Ad	dress			:_										_
																_
						:_										_
7.	Mobile	e No. &	Email ID			: 7	503279	191	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													_
<ul> <li>I an Bod</li> <li>I am</li> <li>I ha scho</li> <li>If as a lor regular</li> </ul>	n not availies or an not employe not a plarship.	ailing any y other inc bloyed any vailed fell of check the obje	owship for or audit cted amo	ship, finar m the Univ five years objection	ncial assis versity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, ST	RF, JRF/SI	RF or any	other
Dated :_											_		of the R			
			sed attend													
			cholar is		ctory. H	His/her	fellows	ship for	the	month						
Rs		(F	Rs:										only) :	may be re	eleased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balar Leav	
No. of Leave													30			
Leave	l															
_		-	r with sta	-						_	1	Signati	are of the	e Dean w	ith Stam	p
Recomm (Rs.	nended	and f	orwarded	to re	lease t	the fel	llowship	o amou	int of	Rs.				onl	 ly).	

Fellowship ID	
229	

Name of the Fellow : Mr. Ashwani Kumar

Enrollment No. : 90077091215

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 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 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.

Fellowship ID 230

## **STRF**

															_	
S	.No.		Name of	the Fell	ow			Period of the Pe			th/Perio ship Cla	I	Fellow amount	-	Amo	
						1		Month			o Month		mor		(in F	.S.)
2	230	Parul	Ahuja										Rs.250	000/-		
1.	Name	of the Fe	ellow			: P	Parul A	huja								
2.	Enroll	ment No	) <b>.</b>			: 0	221669	0917								
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			: <b>U</b>	JSMS									
6.	Reside	ential Ad	ldress			:_										
						:_										
7.	Mobile	e No. &	Email ID			: 7	503787	426	Email:							
8.	Award	l Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: N	Name of	the Ba	nk:							_
	Addre	ss of the	Bank													
<ul> <li>I am Bod</li> <li>I am</li> <li>I ha scho</li> <li>If as a I or regu</li> </ul>	n not availies or an in not employe not a plarship.  result (larize to a substitution)	ailing any y other inc bloyed any vailed fell of check the obje	owship for or audit cted amo	whip, finar m the Univ five years	ncial assi versity. after ad	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/S	RF or an	y other
Dated :_											Ü		of the R			
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the i	month						
Rs		(F	Rs:										only)	may be re	eleased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Le	ance eave
No. of Leave													30			
LCATE	<u> </u>	I	1		I		<u> </u>			1	I	1	1			
Signatui	re of su	ıperviso	r with sta	amp							1	Signatı	ure of the	e Dean w	ith Sta	mp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amoi	int of	f Rs.				on	ly).	

230	Fellowship ID	
	230	

Name of the Fellow : Parul Ahuja
Enrollment No. : 02216690917

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 231

## **STRF**

S	S.No.		Name of	the Fello	W	- 1		Period			h/Perio	I	Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount mon	<b>I</b>	(in Rs.)
2	231	Ms. S	halini P	andey			(11011		,	(2)		.)	Rs.150		
 1.	Name	of the Fe	ellow			· N	Is. Sha	lini Pan	dev						
2.		ment No					644089		iucj						
3.			of fellows	hin Clain	ned				20	fror	n ·		to		
4.		nt (in Rs		inp Ciain	iio u										
5.		of the So	,				JSBAS		(111	words)					
6.		ential Ad													
0.	Reside	illiai Au	diess												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	upervisor (	(s)											
10.	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 adr	nission in	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, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	he enclo	sed attend	ance rec	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	lis/her	fellows	ship for	the	month	of			_ amount	ting to
Rs		(F	Rs:										only) 1	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave	1														
Signatu	re of su	ıperviso	r with sta	ımp							;	Signatı	ire of the	Dean wi	ith Stamp
Recomn	nended	and f	orwarded	to rel	ease t	he fel	lowship	o amoi	ınt o	f Rs.		_			
(Rs														onl	y).

Fellowship ID	
231	

Name of the Fellow : Ms. Shalini Pandey

Enrollment No. : **06440890021** 

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 232

## **STRF**

(Rs		1		_ 10		131			. 3.					only	
_		_	r with sta	_	lease th	ne fel	llowshir	o amoi	ınt o	f Rs.		_		Dean wit	th Stamp
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
										1.					
			cholar is Rs:		логу. П	13/1101	ichows	mb 101	uic	month				_ amount nay be rel	
														amount	
Dated:															
9. 10.  I hereb I an I an I an Boo I fas a or regu	Address  Address  Address  Address  Address  A full time residing in not availates or an in not employee not a solarship.  The result of a full arize to the solarship.	Account  So of the So of the so of the the that me researce at address uiling any you of the the the object and	Bank	the USS/C at Sr. No. //ship, finar m the Univ	Centres of I 6 above, w icial assist versity. after adm	: : N Excellen which is ance, gr	Name of	Sthe Bar ashed undernment a from any	er Ordinaccommo	IFSO	C Code  of the University,  niversity,  stage, a	eversity.	from the CS g IPRF, STI vill be tak	RF, JRF/SR	f the Corporate F or any other und, adjust
7. 8.			Email ID No. & date	e(Conv.)	Attached	: 9	130562	445	Email:	:					
6.		ential Ad				:_									
4. 5.		nt (in Rs of the So					JSBAS		(ın	words)	:				
3.			of fellows	hip Clai	med										
2.	Enroll	ment No					654089								
1.	Name	of the Fe	ellow			: N	Is. Nee	ta Bisht	;			<u> </u>		<u>'</u>	
2	232	Ms. N	leeta Bi	sht									Rs.150	000/-	
S	.No.		Name of	the Fello	OW		ellowsh	Period of the Pe	ned	fellows	th/Period ship Cla o Month	imed	Fellow amount mon	of one	Amount (in Rs.)
														_	_

Fellowship ID	
232	

Name of the Fellow : **Ms. Neeta Bisht**Enrollment No. : **06540890021** 

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

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

Fellowship ID 233

## **STRF**

															_	
S	.No.		Name of	the Fello	ow	f		Period of the Pe			th/Perio	I	Fellov amount	-		nount Rs.)
						'		Month			o Month		moi		(111	103.)
2	233	Ms. K	Kajal										Rs.25	000/-		
1.	Name	of the Fe	ellow			: N	As. Kaj	al								
2.	Enroll	ment No				: 0	664089	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	JSBAS									
6.	Reside	ntial Ad	dress			:_										
						:_										
7.	Mobile	e No &	Email ID													
			No. & date	e(Conv.	Attache											
			upervisor	`		_										
		Account	•	(5)												
	Addre	ss of the	Bank													
Solution    Bod I am I ha scho If as a 1	n not availies or an not employe not a plarship.	niling any y other incolored any vailed fell of check	s mentioned other fellow lustry or from where, owship for or audit cted amo	whip, finar m the Univ five years	ncial assi versity. after ad	stance, gr	rants, etc	from any	other G	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/S	RF or a	any other
Dated :_											Sig	nature	of the R	esearch	Fellow	7
Certified	l that th	ne enclos	sed attend	lance rec	ord has	s been	verified	for the	period	l from _		1	to	8	ınd als	ю
the prog	gress o	f the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the i	month	of			_ amour	nting 1	ιο
Rs		(F	Rs:										only)	may be r	eleased	1.
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			
	•	•								•						
Signatui	re of su	ıperviso	r with sta	amp								Signatı	ure of th	e Dean w	ith St	amp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amoi	int of	f Rs.				on	ly).	

Fe	llowship ID	
	233	

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

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 234

## **STRF**

S	S.No.		Name of	the Fello	ow			Period of			h/Perio		Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	234	Ms. P	riya					,					Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Priy	⁄a							
2.	Enroll	ment No	) <b>.</b>			: 0	684089	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			: <b>U</b>	SBAS								
6.	Reside	ntial Ad	ldress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 8	950183	028	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	:			
	Addre	ss of the	Bank												
Solution Here I am Book I am School I as a	n not availies or an not empave not a olarship.	oiling any y other incolored any vailed fell of check	lustry or from where. lowship for	whip, finar m the Univ five years objection	ncial assis versity. after adı	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	o	an	d also
the prog	gress o	f the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										_ only) 1	may be rel	eased.
	,										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	1													1	
Signatu	re of su	ıperviso	r with sta	amp							;	Signatu	ire of the	Dean wit	th Stamp
Ü		•	orwarded	•	lease 1	he fel	lowship	o amoi	int of	f Rs.					
(Rs														only	<sup>'</sup> ).

234	Fe	llowship ID	
		234	

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

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

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

Fellowship ID 235

## **STRF**

S	S.No.		Name of t	the Fellov	V			Period			h/Perio		Fellow	_	Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	235	Ms. J	yoti Dal	niya					,			,	Rs.150		
1.	Name	of the Fe	ellow			: N	As. Jyot	ti Dahiy	a						
2.	Enroll	ment No					704089								
3.	Month	/Period	of fellowsł	nip Claim	ied	:_			20	fror	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				JSBAS								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 7	982612	039	Email:	:					
8.	Award	l Letter N	No. & date	(Copy A	ttache	<b>d)</b> :_									
9.	Name	of the Si	upervisor (	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
* I an  * I ha  sche  If as a  or regular	dies or an n not emp nive not a colarship. result of larize	y other incolored any vailed fell of check the obje	lustry or from where. owship for f or audit o cted amou	n the Universive years a  objection	rsity. ıfter adn	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  fund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	l that tl	ne enclo	sed attenda	ance reco	ord has	been	verified	for the	period	l from _		t	o	ar	nd also
the prog	gress o	of the S	cholar is	satisfact	ory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
										T -	T				
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	mp							;	Signatu	ire of the	Dean wi	th Stamp
O		•	orwarded	•	ease t	he fel	llowship	o amoi	ınt o	f Rs.					
(Rs														only	y).

235	

Name of the Fellow : **Ms. Jyoti Dahiya**Enrollment No. : **07040890021** 

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 236

## **STRF**

S	S.No.		Name of	the Fello	ow			/Period			h/Perio		Fellow	^	Amount
						f		iip Clair 1 Month			ship Cla o Month		amount o		(in Rs.)
2	236	Ms. A	kanksh	a			(11011		,	(2)			Rs.150		
1.	Name	of the Fe	ellow			: N	Is. Aka	nksha							
2.	Enroll	ment No	·.			: 0	714089	0021							
3.	Month	/Period	of fellows	hip Clair	med	:			20	froi	n :		to		
4.		nt (in Rs		1											
5.		of the So	·				JSBAS			Ź					
6.	Reside	ential Ad	ldress			:									
7.	Mobile	e No. &	Email ID				988103								
8.	Award	l Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Si	upervisor	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Ba	nk:						
	Addre	ss of the	Bank												
Bod I an I ha scho If as a	lies or and not employee not a colorship.  result	y other ind bloyed any vailed fell	lustry or from where. owship for	m the Univ	ersity.	nission i	nto the F	h.D. prog	ramme	of the U	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate  F or any othe  aund, adjust
Dated :_											Sig	nature	of the Re	esearch F	ellow
Certified	l that tl	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	l from _		t	0	ar	ıd also
			cholar is												
Rs		-												- may be rel	_
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
LCAVE	1		1					1		1			1		1
<b>.</b>	-	_	•									<b>.</b>		ъ -	
_		-	r with sta	-		1 6				c p	i	Signatu	ire of the	Dean wi	th Stamp
Recomm (Rs.	iended	and f	forwarded	to rel	iease t	ne tel	ıowsnı	p amoi	int o	ı Ks.				only	/).
\															,

Fellowship ID	
236	

Name of the Fellow : Ms. Akanksha
Enrollment No. : 07140890021

		Fellowship	started Year 20	_		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	ear 20			
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	7ear 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 237

## **STRF**

S	S.No.		Name of	the Fello	ow			Period of the Pe			h/Periooship Cla	I	Fellow amount	- 1	Amount
						10		Month			o Month		mon		(in Rs.)
2	237	Mr. A	llen Ro	ney Ra	njan			,		,			Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Alle	n Rone	y Ran	jan					
2.	Enroll	ment No				: 0	724089	0021							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	SBAS								
6.	Reside	ential Ad	dress			:_									
						:_									
7.			Email ID												
8.			No. & date		Attache	(d) :_									
9.			upervisor	(s)											
10.	Bank A	Account	No.												
		0.1	D 1												
		ss of the													
Solution Here I am Book I am School I as a	Bodies or any other industry or from the University.  I am not employed anywhere.														
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	.o	an	d also
the prog	gress o	of the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the 1	month	of			amount	ing to
Rs		(F	Rs:										only) 1	nay be rel	eased.
											T				
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	amp							;	Signatı	ire of the	Dean wit	th Stamp
	nended	and f	orwarded	to rel	ease t	he fel	llowship	o amou	ınt of	f Rs.					
(Rs														only	<sup>'</sup> ).

Fellowship ID	
237	

Name of the Fellow : Mr. Allen Roney Ranjan

Enrollment No. : **07240890021** 

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 238

## **STRF**

S.No. Name of the Fellow Month/Period of fellowship Claimed (From Month)  238 Ms. Simrandeep kaur  1. Name of the Fellow : Ms. Simrandeep kaur  2. Enrollment No. : 07540890021															
(From Month) (To Month)  238 Ms. Simrandeep kaur  1. Name of the Fellow : Ms. Simrandeep kaur  2. Enrollment No. : 07540890021	month <b>Rs.15000/</b> -														
238 Ms. Simrandeep kaur  1. Name of the Fellow : Ms. Simrandeep kaur  2. Enrollment No. : 07540890021	Rs.15000/-														
2. Enrollment No. : <b>07540890021</b>															
2. Month (David of Cillarythia Claimed 20. C															
3. Month/Period of fellowship Claimed :20 from :															
4. Amount (in Rs.) :(in words):															
5. Name of the School : USBAS	6. Residential Address :														
6. Residential Address :															
:															
7. Mobile No. & Email ID : 9582461544 Email:															
8. Award Letter No. & date(Copy Attached) :															
9. Name of the Supervisor (s) :															
10. Bank Account No. :IFSC Code :															
: Name of the Bank:															
Address of the Bank															
<ul> <li>I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.</li> <li>I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.</li> <li>I am not employed anywhere.</li> <li>I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any othe scholarship.</li> <li>If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.</li> </ul>															
Dated: Signature	of the Researc	h Fellow													
Certified that the enclosed attendance record has been verified for the period fromt	to	_ and also													
the progress of the Scholar is satisfactory. His/her fellowship for the month of	amo	ounting to													
Rs (Rs:	only) may be	e released.													
Month Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec.	Total To	al Balance													
Month Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec.	Leave Lea	ve Leave													
No. of Leave	30														
	1	1													
Signature of supervisor with stamp  Recommended and forwarded to release the fellowship amount of Rs. (Rs.	ure of the Dean	with Stamp													

238	

Name of the Fellow : Ms. Simrandeep kaur

Enrollment No. : **07540890021** 

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 239

## **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	^	Amount
						I I		ip Clain Month			ship Cla o Month		amount mon	<b>I</b>	(in Rs.)
2	239	Mr. D	iwakar	Vikran	n Sing	h		,				,	Rs.250		
1.	Name	of the Fe	ellow			: N	Ir. Diw	akar V	ikram	Singh					
2.	Enroll	ment No				: 0	501639	0021							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSEM								
6.	Reside	ential Ad	dress			:_									
						:_									
7.			Email ID				118064	099	Email:						
8.			No. & date		Attache	d) :_									
9.			apervisor	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
<ul> <li>I an Book</li> <li>I an I has school</li> <li>If as a limit as a lin</li></ul>	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for	rship, finan m the Univ five years objectio	ersity.	tance, 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:											Sign	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	from _		t	o	ar	nd also
the prog	gress o	of the S	cholar is	satisfac	tory. H	lis/her	fellows	ship for	the 1	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
35	T .	F 1	36 1	4 '1	3.6	T	T 1		-		NT.	Ъ	T-4-1	T-4-1	Dalama
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	11/41104	
Leave	1														
Signatu	re of su	ıperviso	r with sta	amp							,	Signatu	re of the	Dean wi	th Stamp
O		•	orwarded	•	lease t	he fel	llowship	o amoi	ınt of	f Rs.					
(Rs														only	/).

Fellowship ID	
239	

Name of the Fellow : Mr. Diwakar Vikram Singh

Enrollment No. : **05016390021** 

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 April May June July Oct. Nov. Dec Aug Sep Year 20 Feb Jan Mar April May June July Oct. Nov. Dec Sep Aug Year 20 Jan Feb Mar April May June 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 240

## **STRF**

S.No.										
		Name of th	ie renow		nth/Period of wship Claimed		th/Period of ship Claimed	Fellow amount of	_	Amount (in Rs.)
					rom Month)		o Month)	mon		(111 135.)
240	Mr.	Sidhart	h Naraya			(-		Rs.250	000/-	
	Bora	h	•							
1. Name	of the F	ellow		: Mr. 9	Sidharth Nara	an Bora	h	L		
2. Enro	lment No	).		: 0511	6390021					
3. Mont	h/Period	of fellowshi	n Claimed		2(	froi	n :	to		
	ant (in R		r		(					
	of the S	•		: USE			•			
	ential A									
o. Resid	ential 7 K	IGI C33								
7. Mobi	le No. &	Email ID			839754 Ema					
			Copy Attached		OSS / S I					
		upervisor (s	• •							
,			,							
10 Bank	Account	INO								
10. Bank	Account	INO.			e of the Bank:					
Addr ereby dec I am a full I am residi I am not a Bodies or a	ess of the lare that lime resear- ng at address vailing any ny other in	Bank  ch scholar of the sementioned at other fellowsh dustry or from	e USS/Centres of l Sr. No. 6 above, v	: Name	e of the Bank:stablished under Ord government accomplete from any other	linance-35 o	of the University	·		
Addreereby dec I am a full I am residi I am not a Bodies or a I am not er I have not scholarship as a result	ess of the lare that time resear- ng at addres vailing any ny other in nployed any availed fel	Bank ch scholar of the sementioned at other fellowsh dustry or from twhere. lowship for fix	e USS/Centres of I Sr. No. 6 above, v tip, financial assist the University. ve years after adm	Excellence es which is not a tance, grants,	stablished under Ore	linance-35 of modation. • Govt./Pub ne of the U	of the University lic Institutions, niversity, includ stage, action	or from the CS ling IPRF, STI	SR Funds o RF, JRF/SI <b>cen to re</b>	of the Corpore
Addreereby dec I am a full I am residi I am not a Bodies or a I am not er I have not scholarship as a result	lare that time researing at address vailing any ny other in nployed any availed fel of check the obje	E Bank  Ch scholar of the sementioned at other fellowsh dustry or from twhere. I lowship for five cor audit of ected amounts.	e USS/Centres of I Sr. No. 6 above, v tip, financial assist the University. ve years after adm	Excellence es which is not a tance, grants,	stablished under Ord government accome etc from any othe he Ph.D. programm	linance-35 of modation. • Govt./Pub ne of the U	of the University lic Institutions, niversity, includ stage, action	or from the CS	SR Funds o RF, JRF/SI <b>cen to re</b>	of the Corpor
Addrese Addres	lare that time researing at address vailing any ny other in apployed any availed fel of check	E Bank  ch scholar of the sementioned at other fellowsh dustry or from where. lowship for fix to a raudit of ected amount.	e USS/Centres of I Sr. No. 6 above, v tip, financial assist the University. ve years after adm bjection, some nt.	Excellence es which is not a tance, grants, aission into the irregular	stablished under Ord government accome etc from any othe he Ph.D. programm	linance-35 of modation. Govt./Pub te of the U talater	of the University lic Institutions, niversity, include stage, action Signature	or from the CS ling IPRF, STI will be tak	SR Funds of RF, JRF/SI cen to research I	of the Corpore  RF or any ote  fund, adju  Fellow
Addresses Addres	lare that time researing at address vailing any ny other in apployed any availed fel of check the object	E Bank  Ch scholar of the sementioned at other fellowsh dustry or from twhere. lowship for five core audit of ected amount of seed attendance as each of the core audit of ected amount of seed attendance as each of the core audit of ected amount of the core audit of ected amount of the core audit of the core audit of ected amount of the core audit of th	e USS/Centres of I Sr. No. 6 above, v ip, financial assist the University. We years after adm bjection, some nt.	Excellence es which is not a tance, grants, hission into the irregular	stablished under Order government accomplete from any other than the Ph.D. programments ity is noticed a	linance-35 of modation. Govt./Pub te of the U talater	of the University lic Institutions, niversity, include stage, action Signature	or from the CS ling IPRF, STI will be tak re of the Re	SR Funds of RF, JRF/SF sen to research F	of the Corpor RF or any ot fund, adju Fellow nd also
Addresses Addres	lare that time researing at address vailing any other in apployed any availed fell. of checks the object	E Bank  Ch scholar of the sementioned at other fellowsh dustry or from twhere. lowship for five core audit of ected amount of seed attendance as each of the core audit of ected amount of seed attendance as each of the core audit of ected amount of the core audit of ected amount of the core audit of the core audit of ected amount of the core audit of th	e USS/Centres of I Sr. No. 6 above, v ip, financial assist the University. We years after adm bjection, some nt.	Excellence es which is not a tance, grants, hission into the irregular	stablished under Order government accomplete from any other the Ph.D. programmerity is noticed at field for the periods.	linance-35 of modation. Govt./Pub te of the U talater	of the University lic Institutions, niversity, include stage, action Signature	or from the CS ling IPRF, STI will be tak re of the Re	SR Funds of RF, JRF/SF sen to research F	of the Corpore RF or any of fund, adju Fellow and also ting to
Addresses Addres	lare that time researing at address vailing any other in apployed any availed fell. of checks the object	E Bank  Ch scholar of the sementioned at other fellowship for five twhere.  Lowship for five twhere and the sected amount of the sected amount of the sected attendant of the	e USS/Centres of I Sr. No. 6 above, v ip, financial assist the University. We years after adm bjection, some nt.	Excellence es which is not a tance, grants, hission into the irregular	stablished under Order government accomplete from any other the Ph.D. programmerity is noticed at field for the periods.	linance-35 of modation. Govt./Pub te of the U talater	of the University lic Institutions, niversity, include stage, action Signature	or from the CS ling IPRF, STI will be tak re of the Re	SR Funds of RF, JRF/SF sen to research F	of the Corpore RF or any of fund, adju Fellow and also ting to
Addresses Addres	lare that time researing at address are in a siling any in a siling any availed felt.  of check the object the enclose of the Siling are in a	E Bank  Ch scholar of the sementioned at other fellowsh dustry or from towhere. I lowship for five core audit of ected amount of ected amount of seed attendant scholar is seed.	e USS/Centres of I Sr. No. 6 above, v nip, financial assist the University. We years after adm bjection, some nt.	Excellence es which is not a tance, grants, hission into the irregular	stablished under Ora government accom etc from any othe he Ph.D. programm rity is noticed a	linance-35 of modation. Govt./Pub  te of the U  talater  od from month	of the University lic Institutions, niversity, include stage, action Signature	or from the CS ling IPRF, STI will be tak re of the Re to only) r	SR Funds of RF, JRF/SF cen to recesserch F amoun may be recessed.	of the Corpore RF or any of fund, adjusted also ting to eleased.  Balanc Leave
Addrese Address a result regularized that progress	lare that time researing at address and the research the object the enclose of the S	E Bank  ch scholar of the sementioned at other fellowsh dustry or from towhere. lowship for five core audit of ected amount of ected amount seed attendant scholar is seed.	e USS/Centres of I Sr. No. 6 above, v nip, financial assist the University. We years after adm bjection, some nt.	Excellence es which is not a tance, grants, hission into the irregular been verifies/her fell	stablished under Ora government accom etc from any othe he Ph.D. programm rity is noticed a	linance-35 of modation. Govt./Pub  te of the U  talater  od from month	of the University lic Institutions, niversity, includ stage, action Signatur of	or from the CS ling IPRF, STI  will be tak  re of the Re  to only) r	SR Funds of RF, JRF/SF cen to research F amoun may be research	of the Corpore RF or any of fund, adjusted also ting to eleased.  Balanc Leave

Fellowship ID	_
240	

Name of the Fellow : Mr. Sidharth Narayan Borah

Enrollment No. : **05116390021** 

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 241

## **STRF**

S	S.No.		Name of	the Fello	W			Period	I .		h/Perio		Fellov		Amou	
						I		ip Clain Month			ship Cla o Month		amount mor		(in Rs.	.)
2	241	Ms. P	eimi Lu	ngleng								,	Rs.250	000/-		
1.	Name	of the Fe	ellow			: N	Is. Peir	ni Lung	gleng							
2.	Enroll	ment No				: 0	551639	0021								
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					_
5.	Name	of the So	chool			: U	JSEM									
6.	Reside	ntial Ad	dress			:_										_
						:_										_
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	c(Copy A	ttache											
9.	Name	of the Si	upervisor	(s)												
10.	Bank A	Account	No.													_
						: N	Name of	the Bar	nk:							_
	Addre	ss of the	Bank													_
Book  I an  I hat scho  If as a																other
Dated:											Sig	nature	of the R	esearch F	ellow	
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	l from _		1	.o	a:	nd also	
the prog	gress o	f the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			amoun	ting to	
Rs		(F	Rs:										only)	may be re	leased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balan Leav	
No. of Leave													30			
	ш	<u>I</u>	<u>.                                    </u>							1	1	1	1		1	
O		•	r with sta	•							:	Signatı	ire of the	e Dean wi	ith Stam	p
Recomn (Rs	nended	and f	orwarded	to rel	ease t	he fel	llowship	o amou	int o	f Rs.				onl	y).	

Fellowship ID	
241	

Name of the Fellow : Ms. Peimi Lungleng

Enrollment No. : **05516390021** 

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 242

## **STRF**

															_	
S	.No.		Name of	the Fello	ow			Period of			h/Perio	I	Fellov	_		nount
						l I		ip Clain Month			ship Cla o Month		amount moi		(in	Rs.)
2	242	Ms. T	'aruna					,				,	Rs.15	000/-		
1.	Name	of the F	ellow			: N	Is. Tar	una				l				
2.	Enroll	ment No	).			: 0	571639	0021								
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			: <b>U</b>	JSEM									
6.	Reside	ential Ad	ldress			:_										
						:_										
7.	Mobil	e No. &	Email ID													
8.			No. & date	e(Conv	Attacho											
_			upervisor	`	Attache	_										
		Account	-	(3)												
10.	Dank	recount	110.													
	Δddre	ss of the	Bank													
Bod  I am  I ha  scho  If as a	Bodies or any other industry or from the University.  I am not employed anywhere.															any other
Dated :_	· · · · · · · · · · · · · · · · · · ·										Sig	nature	of the R	esearch l	Fellov	v
Certified	l that tl	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	from _		1	to	a	ınd als	so
the prog	gress c	of the S	cholar is	satisfac	ctory. H	lis/her	fellows	ship for	the	month	of			_ amour	iting	to
Rs		(F	Rs:										only)	may be r	elease	d.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	]	Balance Leave
No. of Leave													30			
			1					<u> </u>	<u> </u>	1	<u> </u>	I				
Signatu	re of su	ıperviso	r with sta	amp							;	Signatı	are of th	e Dean w	ith St	amp
Recomm (Rs.	nended	and f	orwarded	to re	lease t	the fe	llowshij	o amoi	int of	f Rs.				on	ly).	

Fellowship ID	
242	

Name of the Fellow : **Ms. Taruna**Enrollment No. : **05716390021** 

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 243

## **STRF**

S	S.No.		Name of	the Fello	w		Month/Period of fellowship Claimed				h/Perio	I	Fellow	_	Amount			
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)			
2	243 Mr. Tarun Joshi												Rs.250	000/-				
1.	Name	of the Fo	ellow	: N	: Mr. Tarun Joshi													
2.	2. Enrollment No.							: 01820390021										
3.	3. Month/Period of fellowship Claimed					:_	:											
4.	4. Amount (in Rs.)					:_	:(in words):											
5.	5. Name of the School						: USMC											
6.	6. Residential Address					:_												
						:_												
7.	Mobile	e No. &	Email ID				:: 9625492804 Email:											
8.	Award	Letter N	No. & date															
9.			apervisor (			_												
10.	* ` ` ` ` · ·							: IFSC Code :										
: Name of the Bank:																		
	Addre	ss of the	Bank															
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind bloyed any vailed fell of check	lustry or from where. owship for	n the Universive objection	ersity. after adr	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  Tund, adjust			
Dated : Signature of the Research Fellow																		
Certified	d that tl	ne enclo	sed attend	ance rec	ord has	been v	en verified for the period from				to			ar	and also			
the prog	gress o	f the S	cholar is	satisfac	tory. F	lis/her	er fellowship for the month of				of	amounting to						
Rs		(F	Rs:				only) may be released.								leased.			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total	Total	Balance			
Month	Jan.	reo.	Maich	Aprii	May	June	July	Aug.	зер.	Oct.	NOV.	Dec.	Leave	Leave Availed	Leave			
No. of Leave													30					
		I		1				l			l		•	1	1			
Recomn		•	r with sta	•	ease t	he fel	llowship	o amoi	ant of	Rs.	;	Signatı	ire of the		th Stamp			
(Rs														only	y <b>)</b> .			

Fellowship ID	
243	

Name of the Fellow : **Mr. Tarun Joshi**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 244

# **STRF**

S	S.No.		Name of	the Fello	w			Period			th/Perio		Fellow		Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	244	Ms. S	hikha S	halini			(		,	(-		-)	Rs.250		
1.	Name	of the Fe	ellow			: N	Is. Shil	kha Sha	lini						
2.	Enroll	ment No				: 0	202039	0021							
3.	Month	/Period	of fellowsl	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	SMC								
6.	Reside	ntial Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	Letter N	No. & date	(Copy A	Attache	d) :_									
9.	Name	of the Si	upervisor (	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
* I an  * I ha  sche  If as a  or regular	dies or an not empaye not a lolarship. result ollarize	y other incolored any vailed fell of check the obje	lustry or from where. owship for the or audit cted amou	n the University objection	ersity. after adr	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  RF or any other  fund, adjust
Dated:											Sig	nature	of the R	esearch F	ellow
Certified	l that tl	ne enclos	sed attend	ance rec	ord has	been v	verified	for the	period	l from _		1	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be 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		
	•									•			•	•	
Signatu	re of su	ıperviso	r with sta	тр							:	Signatı	ire of the	e Dean wi	th Stamp
Recomm (Rs	nended	and f	orwarded	to rel	ease t	he fel	lowship	o amou	int of	f Rs.				only	—— y).

244	

Name of the Fellow : Ms. Shikha Shalini

Enrollment No. : **02020390021** 

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 245

# **STRF**

S.No.   Name of the Fellow   Month/Period of fellowship Claimed (From Month)   Month/Period of fellowship Claimed (From Month)   Rs.25000/-															
245   Mr. Ahmad Ishtiaque   Sintange   Rs.25000/-	S.No	o.		Name of	the Fellow	7	l								Amoun
245   Mr. Ahmad Ishtiaque															(in Rs.)
Tapadar	045	_	1\f_4	A h m a a	d Tab	tionno	(Fr	om Month	1)	(1	o Month)	)			
1. Name of the Fellow : Mr. Ahmad Ishtiaque Tapadar 2. Enrollment No. : 05421690021 3. Month/Period of fellowship Claimed :	245	_			u isii	tiaque							RS.250	00/-	
2. Enrollment No. : 05421690021 3. Month/Period of fellowship Claimed :	1 NI-						. M /	\ l Tl	4	. Т	1				
3. Month/Period of fellowship Claimed :									ıııaquo	етарас	ıar				
4. Amount (in Rs.) :															
5. Name of the School : USHSS 6. Residential Address :	3. Mo	onth/l	Period	of fellowsl	hip Claim	ed									
6. Residential Address :	4. An	mount	t (in Rs	s.)			:		(in	words)	:				
7. Mobile No. & Email ID : 8749974254 Email:  8. Award Letter No. & date(Copy Attached) :  9. Name of the Supervisor (s) :  10. Bank Account No. : IFSC Code :  10. Bank Account No. : IFSC Code :  11. Name of the Bank:  12. Address of the Bank  13. Address of the Bank  14. Address of the Bank  15. Address of the Bank  15. Address of the Bank  16. Address of the Bank  16. Address of the USS/Centres of Excellence established under Ordinance-35 of the University.  15. If am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.  15. If am not employed anywhere.  15. If an not employed anywhere.  15. If an not employed anywhere.  15. If an not employed anywhere.  15. If a valid fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SR is a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to referegularize the objected amount.  16. Signature of the Research For the period from to many progress of the Scholar is satisfactory. His/her fellowship for the month of amount of amount (Rs:	5. Na	ame o	of the S	chool			: USHS	SS							
7. Mobile No. & Email ID : 8749974254 Email:	6. Res	esiden	ntial Ac	ldress											
9. Name of the Supervisor (s) :					(Conv At	tached)	: : 87499	974254	Email	:					
10. Bank Account No. :						uicircu)									
: Name of the Bank:  Address of the Bank  creby declare that:  I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.  I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.  I am not availing any other fellowship, financial assistance, grants, etc from any other Govt/Public Institutions, or from the CSR Funds of Bodies or any other industry or from the University.  I am not employed anywhere.  I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SR scholarship.  Is a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to referegularize the objected amount.  Compared to the Research Form tified that the enclosed attendance record has been verified for the period from				•	(8)										
Address of the Bank	IU. Bai	ank A	ccount	No.											
I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of Bodies or any other industry or from the University. I am not employed anywhere.  I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SR scholarship.  as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to referegularize the objected amount.    Signature of the Research Fettified that the enclosed attendance record has been verified for the period from															
I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of Bodies or any other industry or from the University. I am not employed anywhere. I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SR scholarship.  as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to referegularize the objected amount.  The company of the Research Form of the enclosed attendance record has been verified for the period from to to many other of the Research Form of the Scholar is satisfactory. His/her fellowship for the month of many only) may be relevant.  The company of the Scholar is satisfactory. His/her fellowship for the month of many only) may be relevant.  The company of the Scholar is satisfactory. His/her fellowship for the month of samounts only) may be relevant.  The company of the Scholar is satisfactory. Signature of the Dean with the company of the Dean wit	Ad	ddress	s of the	Bank											
progress of the Scholar is satisfactory. His/her fellowship for the month of amounts only) may be released.  Onth Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Leave Leave Availed. of ave ave	I am not I have n scholars as a resu regulari	ot employed not avership.  Sult of	oyed any ailed fel f check he obje	where. lowship for f  c or audit e  ected amou	five years at	fter admissi					stage, ac	tion w	vill be tak	cen to ref	fund, adji
progress of the Scholar is satisfactory. His/her fellowship for the month of amounts only) may be released.  Onth Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Leave Leave Availed. of ave ave	tified tha	nat the	e enclo	sed attenda	ance reco	rd has be	en verif	ied for the	perio	d from		t	0	ar	ıd also
rature of supervisor with stamp  [Rs:									_						
nth Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Leave Availed of the Nov. Signature of the Dean with the supervisor with stamp.					5441514454	110,1		o wormp 10							
of ove Signature of the Dean with stamp			(1									-	0111y) 1	nay be re	icasca.
nature of supervisor with stamp  Signature of the Dean with	nth Ja	an.	Feb.	March	April 1	May Ju	ne Jul	y Aug.	Sep.	Oct.	Nov.	Dec.	1	Leave	Balanc Leave
nature of supervisor with stamp  Signature of the Dean with	of												30	Availed	
Recommended and forwarded to release the fellowship amount of Rs only	nature o	•	•		-	ase the	fellows	ship amo	unt o	f Rs.					

Fellowship ID	
245	

Name of the Fellow : Mr. Ahmad Ishtiaque Tapadar

Enrollment No. : **05421690021** 

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 246

# **STRF**

S	S.No.		Name of	the Fello	W			/Period			h/Perio		Fellow	-	Amount
						l f		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	246	Mr. S	uryaka	nt Yada	v		(110II	11101111	,	(1)	o ivioliti	.)	Rs.250		
1.	Name	of the Fo	ellow			: N	Ar. Sur	yakant	Vaday	7					
2.		ment No					552169	•							
3.			of fellows	shin Clain	ned				20	froi	n :		to		
4.		nt (in Rs		r											
5.		of the So	·				SHSS		(	0142)	-				
6.		ential Ad													
0.	reside	iniai i ia	aci ess												
7.	Mobil	e No. &	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	ttached	d) :_									
9.	Name	of the Si	upervisor	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind bloyed any vailed fell	lustry or from where. lowship for	m the University five years  objection	ersity. after adm	nission in	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corpora  F or any oth  Tund, 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 c	of the S	cholar is	satisfact	tory. H	is/her	fellows	ship for	the 1	month	of			amount	ing to
Rs		(F	Rs:										only) r	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													<u> </u>		
Signatu	re of su	ıperviso	r with sta	amp							;	Signatu	re of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rel	ease th	ne fel	lowship	p amoi	unt of	f Rs.					
(Rs														only	y).

Fellowship ID	
246	

Name of the Fellow : Mr. Suryakant Yadav

Enrollment No. : **05521690021** 

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 247

# **STRF**

S	S.No.		Name of	the Fello	W			Period			th/Perio		Fellow		Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	247	Ms. N	eha Ma	ndhotra	a								Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Neh	a Mano	lhotra						
2.	Enroll	ment No				: 0	562169	0021							
3.	Month	/Period	of fellowsl	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SHSS								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 8	010230	045	Email:	:					
8.	Award	Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	ipervisor (	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	·			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind bloyed any vailed fell of check	lustry or from where. owship for t	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:											Sign	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance reco	ord has	been	verified	for the	period	l from _		t	o	an	ıd also
the prog	gress o	f the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
					3.5	_			~			_		m . 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	mp							\$	Signatu	ire of the	Dean wit	th Stamp
Ü		•	orwarded	•	ease t	he fel	lowship	o amoi	int of	f Rs.					
(Rs														only	/).

Fellowship ID	
247	

Name of the Fellow : Ms. Neha Mandhotra

Enrollment No. : **05621690021** 

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 248

# **STRF**

S	S.No.		Name of	the Fello	ow			Period o			th/Perio		Fellow	^	Amount
						f)		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	248	Ms. T	ripti Ag	garwal			(11011		,	(2)			Rs.250		
1.	Name	of the Fe	ellow			: N	Is. Trii	pti Agga	arwal						
2.	Enroll	ment No					572169								
3.	Month	/Period	of fellows	hip Claiı	med	:			20	froi	n :		to		
4.		nt (in Rs		1											
5.		of the So					SHSS		`	Ź					
6.	Reside	ential Ad	dress			:_									
						:_									
7.	Mobil	e No. &	Email ID			: 9	650298	172	Email	·					
8.	Award	l Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Su	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
<ul><li>I an</li><li>I has school</li><li>If as a</li></ul>	n not empave not a olarship.  result	ployed any vailed fell	owship for	five years	after adn										F or any othe
Dated:											Sig	nature	of the Re	esearch F	ellow
Certifie	d that tl	ne enclo	sed attend	lance rec	ord has	been	verified	for the	period	l from _		t	0	ar	d also
the pro	gress c	of the S	cholar is	satisfac	etory. H	lis/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) r	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	12141104	
Leave															
Signatu	re of si	ınervisa	r with sta	ımn								Sionatr	ire of the	Dean wi	th Stamn
_		-	orwarded	-	lease t	he fel	lowshii	n amoi	ınt o	f Rs.	'	Jignatt	ii c oi tiit	Donn Wi	Stamp
(Rs														only	/).

Pellowship ID

248

Name of the Fellow : Ms. Tripti Aggarwal

Enrollment No. : **05721690021** 

Jan

July

Feb

Aug

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

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

April

Oct.

Year 20

Mar

Sep

Signature of the Research Fellow

June

Dec

May

Nov.

Fellowship ID 249

# **STRF**

S	S.No.		Name of	the Fello	ow			Period of the Pe			h/Period ship Cla		Fellow amount	_	Amount (in Rs.)			
						"		Month			o Month		mon		(111 133.)			
2	249	Ms. N	Iansi										Rs.150	000/-				
1.	Name	of the Fe	ellow			: N	Is. Mai	nsi										
2.	Enroll	ment No				: 0	582169	0021										
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	SHSS											
6.	Reside	ential Ad	dress			:_												
						:_												
						:_												
7.	Mobile	e No. &	Email ID			: 9	717523	158	Email:	:								
8.	Award	l Letter N	No. & date	e(Copy A	Attache	(d) :_												
9.	Name	of the Si	apervisor	(s)			:											
10.	Bank A	Account	No.															
	Addre	ss of the	Bank															
<ul> <li>❖ I an Boo</li> <li>❖ I an</li> <li>❖ I ha sch</li> <li>If as a</li> </ul>	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for	with the University of University of the University of the University of	ncial assis versity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate  F or any other  rund, adjust			
Dated:											Sign	nature	of the Re	esearch F	ellow			
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	o	an	nd also			
the prog	gress o	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 rel	leased.			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave			
No. of Leave													30					
LCave																		
Ü		•	r with sta	•							\$	Signatu	ire of the	Dean wit	th Stamp			
	nended	and f	orwarded	to re	lease t	he fel	lowship	o amo	int of	f Rs.				1				
(Rs														only	/ <b>)</b> .			

Fellowship ID	
249	

Name of the Fellow : **Ms. Mansi**Enrollment No. : **05821690021** 

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 **250** 

# **STRF**

S	S.No.		Name of	the Fello	W			/Period			h/Perio		Fellow	-	Amount
						1		iip Clair 1 Month			ship Cla o Month		amount o		(in Rs.)
2	250	Ms. N	Iitali Bl	hattach	arya		(11011	- 1/101141		(2)			Rs.150		
1.	Name	of the Fe	ellow			: N	Is. Mit	ali Bha	ttacha	rva					
2.		ment No					602169			•					
3.	Month	/Period	of fellows	ship Clain	ned	:			20	froi	n :		to		
4.		nt (in Rs		1											
5.		of the So	·				SHSS		`	ĺ					
6.	Reside	ential Ad	ldress			:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	818119	048	Email:						
8.	Award	l Letter N	No. & date	e(Copy A	ttache	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												
<ul><li>I an</li><li>I has school</li><li>If as a</li></ul>	n not empave not a olarship.  result	ployed any vailed fell	where. lowship for	objection	after adm										F or any oth
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	dance 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 i	month	of			amount	ing to
Rs		(F	Rs:										only) r	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		
Leave															
Signatu	re of su	ıperviso	r with sta	amp							;	Signatu	re of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rel	ease tl	he fel	lowshij	p amoi	unt of	f Rs.					
(Rs														only	y).

Fellowship ID	
<b>250</b>	

Name of the Fellow : Ms. Mitali Bhattacharya

Enrollment No. : **06021690021** 

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 251

# **STRF**

S	S.No.		Name of	the Fello	W	- 1		Period			h/Perio		Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	251	Ms. S	apan Sa	loni									Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Sap	an Salo	ni						
2.	Enroll	ment No	·.			: 0	612169	0021							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SHSS								
6.	Reside	ential Ad	ldress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 7	992317	322	Email:	:					
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	upervisor (	(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 Unive	ersity. after adn	nission in	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:											Sign	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance rec	ord has	been v	verified	for the	period	from _		t	o	an	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	Iis/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
	,			1											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		]										l		
Signatu	re of su	ıperviso	r with sta	mp							\$	Signatu	ire of the	Dean wit	th Stamp
Recomn	nended	and f	orwarded	to rel	ease t	he fel	lowship	amou	int of	f Rs.					
(Rs														only	7).

251	Fellowship ID
	<b>251</b>

Name of the Fellow : Ms. Sapan Saloni
Enrollment No. : 06121690021

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 252

# **STRF**

S	S.No.		Name of	the Fello	ow			Period of the income in the in			h/Periooship Cla		Fellow amount	- 1	Amount (in Rs.)
						10		Month			Month		mon		(111 KS.)
2	252	Ms. S	ada										Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Sad	a				1			
2.	Enroll	ment No				: 0	622169	0021							
3.	Month	/Period	of fellows	ship Clair	med	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SHSS								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 7	042380	692	Email:						
8.	Award	Letter 1	No. & date	e(Copy A	Attache	(d) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Solution Here I am Book I am Scholl I as a	n not availies or an not empave not a olarship.	oiling any y other incolored any vailed fell of check	lustry or from where. owship for	with the University of University of the University of U	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 tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	from		t	o	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	1												ı		
Signatu	re of su	ıperviso	r with sta	amp							;	Signatu	ire of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to re	lease t	he fel	lowship	amou	ınt of	f Rs.					
(Rs														only	y).

Fellowship ID	
252	

Name of the Fellow : Ms. Sada
Enrollment No. : 06221690021

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 **253** 

# **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	-	Amount
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	253	Mr. Y	ash Gos	wami									Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Yas	h Gosw	ami						
2.	Enroll	ment No				: 0	632169	0021							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SHSS								
6.	Reside	ential Ad	dress			:_									
						:_									
7.	Mobil	e No. &	Email ID			: 9	420969	052	Email:	:					
8.	Award	l Letter I	No. & date	(Copy A	Attache	d) :_									
9.	Name	of the Su	apervisor (	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Solution Here I am Book I am Scholl I 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	ship, finan n the Univ five years <b>objectio</b>	ersity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	he enclo	sed attend	ance rec	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 Leave													30		
Leave															
Signatu	re of su	ıperviso	r with sta	mp							\$	Signatı	ire of the	Dean wi	th Stamp
	nended	and f	orwarded	to rel	lease t	he fel	llowship	o amoi	int of	f Rs.					
(Rs														only	7).

Fellowship ID	
253	

Name of the Fellow : Mr. Yash Goswami

Enrollment No. : **06321690021** 

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 254

# **STRF**

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	^	Amount
						I		ip Clair Month			ship Cla o Month		amount o	<b>I</b>	(in Rs.)
2	254	Ms. V	'idushi l	Dabas									Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Vid	ushi Da	bas						
2.	Enroll	ment No				: 0	881669	0021							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSMS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	540411	193	Email:	:					
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	upervisor (	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code				
						: N	Vame of	the Ba	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 ployed any vailed fell	lustry or from where. owship for	n the Unive	ersity. after adn	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate  F or any other  fund, adjust
Dated:											Sign	nature	of the Re	esearch F	ellow
Certified	l that tl	ne enclos	sed attend	ance rec	ord has	been	verified	for the	period	from _		t	o	ar	nd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	Iis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	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							\$	Signatu	re of the	Dean wi	th Stamp
	nended	and f	orwarded	to rel	ease t	he fel	llowship	o amoi	int of	f Rs.					
(Rs														only	y).

Pellowship ID

254

Name of the Fellow : Ms. Vidushi Dabas

Enrollment No. : **08816690021** 

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 Feb Mar May June Jan 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 255

# **STRF**

S	S.No.		Name of	the Fello	w			Period			h/Perio		Fellow	^	Amount
						1		ip Clain Month			ship Cla o Month		amount mon	<b>I</b>	(in Rs.)
2	255	Mr. P	arashur	am									Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Par	ashurai	m						
2.	Enroll	ment No				: 1	931649	0021							
3.	Month	/Period	of fellowsl	hip Clair	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				ISIC&								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobil	e No. &	Email ID			: 9	650956	799	Email:	:					
8.	Award	l Letter N	No. & date	(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												
<ul> <li>❖ I an Boo</li> <li>❖ I an</li> <li>❖ I ha sch</li> <li>If as a</li> </ul>	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or fron where. owship for f	ship, finan in the University five years objectio	cial assis ersity. after adı	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  fund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attenda	ance 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) 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			II.												
Signatu	wa of su	ınamisa	r with sta	mn								Sianatu	uro of the	Dean wi	th Stomn
Ü		•	orwarded	•	ease f	he fel	lowehi	amoi	ınt o	f Re	,	эдпаш	n e or me	Deall WI	ін эташр
(Rs		and 1						, annot		1 100.				only	/).

Fellowship ID	
255	

Name of the Fellow : Mr. Parashuram
Enrollment No. : 19316490021

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 **256** 

# **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow		Amount
						1		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
2	256	Mr. N	Ianvend	lra Sin	gh		•						Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Ma	nvendra	a Singl	n					
2.	Enroll	ment No				: 1	951649	0021							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSIC&T	Γ							
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 8	700812	344	Email:						
8.	Award	l Letter N	No. & date	e(Copy A	Attache	ed) :_									
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sch If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity. after adı	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  und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	s been v	verified	for the	period	from		t	.0	an	d also
the prog	gress o	of the S	cholar is	satisfac	ctory. H	lis/her	fellows	ship for	the 1	month	of			amount	ing to
Rs		(F	Rs:										only) 1	nay be rel	eased.
								ı			ı				
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave															
Signatu	re of su	ıperviso	r with sta	amp							;	Signatı	ire of the	Dean wit	th Stamp
Recomn	nended	and f	orwarded	to re	lease t	the fel	llowship	o amoi	ınt of	f Rs.					
(Rs														only	<sup>'</sup> ).

Fellowship ID	
256	

Name of the Fellow : Mr. Manvendra Singh

Enrollment No. : 19516490021

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 257

# **STRF**

S	S.No.		Name of	the Fello	ow			Period of			nth/Period of Fellowship Amount wship Claimed amount of one (in Rs.)				
						1		ip Clain Month			snip Cia Month		mon		(in Rs.)
2	257	Ms. I	sha					,					Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	As. Isha	<b>1</b>							
2.	Enroll	ment No				: 1	981649	0021							
3.	Month	/Period	of fellows	ship Clai	med	:_			20	fron	n :		to _		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	JSIC&	Γ							
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	588721	995	Email:						
8.															
9.	Name	of the Si	upervisor	(s)		:_									
10.	10. Bank Account No. :IFSC Code :														
	: Name of the Bank:														
	Address of the Bank  I hereby declare that:														
<ul> <li>❖ I an Boo</li> <li>❖ I an</li> <li>❖ I ha sch</li> <li>If as a</li> </ul>	Bodies or any other industry or from the University.  I am not employed anywhere.													F or any other	
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	s been v	verified	for the	period	from		1	.o	aı	nd also
the prog	gress o	of the S	cholar is	satisfac	ctory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) ı	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave															-
Ü		•	r with sta	•	lease 1	the fel	llowshii	amoi	ınt o	f Rs.	;	Signatı	ire of the	e Dean wi	th Stamp
(Rs		1						_ ======		- 101				only	y).

257	

Name of the Fellow : **Ms. Isha**Enrollment No. : **19816490021** 

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 **258** 

# **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	^	Amount
						f		ip Clain Month			ship Cla Month		amount mon		(in Rs.)
2	258	Mr. L	alit Kr.	Naraya	an		(11011			(2)	7 17101101	.)	Rs.250		
1.	Name	of the Fe	ellow			: N	1r. Lali	t Kr. N	araya	n					
2.	Enroll	ment No				: 2	021649	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	ISIC&	Γ							
6.	Reside	ntial Ad	dress												
7.	Mobile	e No. &	Email ID			: 9	871125	104	Email	:					
8.	Award	Letter 1	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	10. Bank Account No. : IFSC Code :														
	: Name of the Bank:Address of the Bank														
	Addre	ss of the	Bank												
<ul> <li>I ar Boo</li> <li>I an</li> <li>I ha sch</li> <li>If as a or regular</li> </ul>	m not availies or an in not empave not a colarship.  result (alarize tall)	ailing any y other inc bloyed any vailed fell of check the obje	lustry or from where. owship for or audit cted amo	rship, finar m the Univ five years objection	ncial assis ersity. after adn	tance, gr	rants, etc	from any	other C	of the U	niversity,	including	g IPRF, ST	RF, JRF/Sl ken to re	of the Corporat RF or any othe fund, adjus
Dated:											Sig	nature	of the R	esearch l	fellow
			sed attend												
the pro	gress o	f the S	cholar is	satisfac	ctory. H	lis/her	fellows	ship for	the	month	of			_	•
Rs		(F	Rs:										only) 1	may be re	eleased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Signatu		•	r with sta	•	lease t	he fel	llowship	o amoi	ant o	f Rs.		Signatu	ire of the	e Dean w	ith Stamp

Fellowship ID	
258	

Name of the Fellow : Mr. Lalit Kr. Narayan

Enrollment No. : 20216490021

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 259

# **STRF**

S	.No.		Name of t	he Fellow			/Period			nth/Period of Fellowship Amount wship Claimed amount of one (in Rs.)					
						fellowsł (Fron	np Clair n Month			snıp Cia o Month			nount of one month s.25000/-  to  to  rh the CSR Funds of the CORF, STRF, JRF/SRF or see the second		
2	259	Mr. K	rishan K	Kumar							,	Rs.250	000/-		
1.	Name	of the Fe	ellow			: Mr. Kri	ishan K	umar							
2.	Enroll	ment No				: 2081649	00021								
3.	Month	/Period	of fellowsh	nip Claime	d	:		20	froi	n :		to			
4.	Amou	nt (in Rs	.)			:		(in	words)	:					
5.	Name	of the So	chool			: USIC&	T								
6.	Reside	ntial Ad	dress			:									
7.	Mobile	e No. &	Email ID												
8. Award Letter No. & date(Copy Attached) :															
9.	Name	of the Su	apervisor (s	s)		:									
10.	10. Bank Account No. :IFSC Code :														
	: Name of the Bank:Address of the Bank														
	Addre	ss of the	Bank												
Bod  I am  I ha  scho  If as a l  or regu	Bodies or any other industry or from the University.  I am not employed anywhere.													F or any other	
Dated :_										Sig	nature	of the Re	esearch F	ellow	
Certified	l that th	ne enclos	sed attenda	ance recor	d has bee	n verified	l for the	period	from _		t	o	an	d also	
the prog	gress o	f the S	cholar is	satisfactor	ry. His/h	er fellow	ship for	r the	month	of			_ amounti	ng to	
Rs		(F	Rs:									only) 1	may be rel	eased.	
Month	Jan.	Feb.	March	April N	May Jun	e July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave	
No. of Leave												30			
	•			,	•	•	•	•	•			•			
Signatu	re of su	ıperviso	r with stai	тр						:	Signatı	ire of the	Dean wit	h Stamp	
Recomm (Rs	nended	and f	orwarded	to relea	se the	fellowshi	p amoi	unt o	f Rs.				only	<u></u>	

Fellowship ID	
259	

Name of the Fellow : Mr. Krishan Kumar

Enrollment No. : 20816490021

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 260

# **STRF**

S.I	No.		Name of t	the Fello	W			Period			onth/Period of Fellowship Amount wship Claimed amount of one (in Rs.)					
						10		ip Clain Month			snip Cia 5 Month		amount	<b>I</b>	(ın ı	CS.)
20	60	Ms. S	hivani L	ahoti				,		`			Rs.25	000/-		
1. N	Name	of the Fe	ellow			: N	Is. Shiv	vani La	hoti							
2. I	Enrollı	ment No				: 0	841659	0021								
3. N	Month	/Period	of fellowsh	nip Clain	ned	:_			20	fron	n :		to			
4.	Amoui	nt (in Rs	.)			:_			(in	words)	:					
5. 1	Name	of the So	chool			: <b>U</b>	SLLS									
6. I	Reside	ntial Ad	dress			:_										
						:_										
7. N	Mobile	e No. &	Email ID													
			No. & date	(Copy A	ttache											
	9. Name of the Supervisor (s)       :															
	: Name of the Bank:															
1	Addres	ss of the	Bank													
<ul> <li>I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.</li> <li>I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporat Bodies or any other industry or from the University.</li> <li>I am not employed anywhere.</li> <li>I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.</li> <li>If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.</li> </ul>													y other			
Dated :_											Sig	nature	of the R	esearch l	Fellow	
Certified	that th	ne enclos	sed attenda	ance reco	ord has	been v	verified	for the	period	from		1	.o	a	nd also	)
the progr	ress o	f the S	cholar is	satisfact	ory. F	lis/her	fellows	ship for	the 1	month	of			_ amoun	ting to	)
Rs		(F	Rs:										only)	may be re	eleased	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave	L	lance eave
No. of													30	Availed		
Leave																
J		-	r with sta	•	ease t	he fel	llowshij	o amou	ınt of	f Rs.		Signatı	ıre of the	e <b>Dean w</b>		mp

Fellowship ID	
260	

Name of the Fellow : Ms. Shivani Lahoti

Enrollment No. : **08416590021** 

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 261

# **STRF**

S.No. Name of the Fellow   Month/Period of fellowship Claimed (From Month)   Rs.15000/-    261		_														_	
Comment   Comm	S.	.No.		Name of	the Fello	ow									•		
261 Ms. Udhaya Karthika							I									(1n	. KS.)
2. Enrollment No. : 08516590021 3. Month/Period of fellowship Claimed :	2	61	Ms. U	dhaya 1	Karthil	ka							,	Rs.15	000/-		
3. Month/Period of fellowship Claimed :	1.	Name	of the Fe	ellow			: N	As. Udh	naya Ka	rthika	<u> </u>						
4. Amount (in Rs.) :	2.	Enroll	ment No	) <b>.</b>			: 0	851659	0021								
5. Name of the School 6. Residential Address 6. Residential Address 7. Mobile No. & Email ID 7. Mobile No. & Email ID 8. Award Letter No. & date(Copy Attached) 9. Name of the Supervisor (s) 10. Bank Account No. 11. IFSC Code: 12. Name of the Bank 13. Address of the Bank 14. In a fail line research solutor of the USS/Centres of Excellence established under Ordinance-35 of the University. 15. In an fail line research solutor of the USS/Centres of Excellence established under Ordinance-35 of the University. 16. In an in suiting are other followship. In anot a government accommodation. 17. In an ordinaling are other followship. In anot a government accommodation. 18. In an intelligent and others mentioned at Sr. No. 6 above, which is not a government accommodation. 19. In an ordinaling are other followship. Financial assistance, grants, etc from any other Govt/Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University. 19. It is a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.  19. Dated:  Signature of the Research Fellow  Certified that the enclosed attendance record has been verified for the period from	3.	Month	/Period	of fellows	hip Clai	med	:_			20	from	n :		to			
6. Residential Address :	4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
### Thereby declare that:    Address of the Bank	5.	Name	of the So	chool			: <b>U</b>	JSLLS									
Signature of the Dean with Stamp   Recommended and forwarded to release the fellowship amount of Rs.   Signature of the Dean with Stamp   Recommended and forwarded to release the fellowship amount of Rs.   Signature of the Dean with Stamp   Signature of the D	6.	Reside	ntial Ad	ldress			:_										
7. Mobile No. & Email ID : 9773857760							:_										
8. Award Letter No. & date(Copy Attached) :	7.	Mobile	e No. &	Email ID													
9. Name of the Supervisor (s) :					e(Copy A	Attache											
10. Bank Account No.   :					`		_										
: Name of the Bank:	•																
Address of the Bank    I hereby declare that:   I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.   I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.   I am not availing any other fellowship, financial assistance, grants, etc from any other Govt/Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.   I am not unabloyed anywhere.   I am not unabloyed anywhere.   I am not unabloyed anywhere.   I am not not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.  If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.    Dated :																	
I hereby declare that:		Addre	ss of the	Bank													
Certified that the enclosed attendance record has been verified for the period from	Bodi  I am  I har scho  If as a r  or regul	ies or an not emp ve not a blarship. result of	y other incolored any vailed fell of check the obje	dustry or from where. lowship for a or audit cted amo	m the Univ	ersity. after adı	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	includin	g IPRF, ST	TRF, JRF/S ken to re	RF or a	any other
he progress of the Scholar is satisfactory. His/her fellowship for the month of amounting to amounting to (Rs: only) may be released.    Month   Jan.   Feb.   March   April   May   June   July   Aug.   Sep.   Oct.   Nov.   Dec.   Total   Leave   Leave   Leave   Availed   Leave   Leave   Availed	Dated :_											Sig	nature	of the R	esearch	Fellov	V
Rs (Rs:	Certified	that th	ne enclos	sed attend	lance rec	ord has	been '	verified	for the	period	from _			to	8	and al	so
Month Jan. Feb. March April May June July Aug. Sep. Oct. Nov. Dec. Total Leave Leave Availed  No. of Leave Signature of supervisor with stamp  Recommended and forwarded to release the fellowship amount of Rs.	he prog	gress o	f the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the 1	month	of			_ amoui	nting	to
No. of Leave No. of Leave Signature of supervisor with stamp  Recommended and forwarded to release the fellowship amount of Rs.	Rs		(F	Rs:										only)	may be r	elease	d.
Signature of supervisor with stamp  Recommended and forwarded to release the fellowship amount of Rs.  Signature of the Dean with Stamp	Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	1	Leave	.   ;	
Signature of supervisor with stamp  Recommended and forwarded to release the fellowship amount of Rs.														30			
Recommended and forwarded to release the fellowship amount of Rs.	Signatur	re of su	iperviso	r with st:	amp	<u>.                                      </u>							Signati	ure of th	e Dean w	vith St	tamn
	Recomm		-		-	lease t	the fe	llowship	o amoi	ınt of	f Rs.						Р

Fellowship ID

261

Name of the Fellow : Ms. Udhaya Karthika

Enrollment No. : **08516590021** 

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 Feb Mar May June Jan 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 262

# **STRF**

S.	.No.		Name of	the Fell	ow			Period			th/Perio		Fello	-		Amount
						1	ellowsh From)	ip Ciair Month			ship Cla o Month		amount mo			in Rs.)
2	62	Ms. S	hireen	Singh									Rs.25	000/-		
1.	Name	of the Fe	ellow			: N	As. Shir	een Sir	ıgh						<u> </u>	
2.	Enroll	ment No				: 0	861659	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			: <b>U</b>	JSLLS									
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter 1	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	apervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
Bodi I am I have scho If as a r	ies or an not emp ve not a plarship. result of	y other incolored any vailed fell of check the obje	lustry or from where, owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, S	TRF, JRF/	SRF o	e Corporate or any other d, adjust
			sed attend													
			cholar is		ctory. I	His/her	fellows	ship for	the i	month						
Rs		(F	Rs:										only)	may be	releas	sed.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30			
	e of su	ıperviso	r with sta	amp						•		Signatı	ure of th	e Dean v	with :	Stamp
_		-	orwarded	-	lease	the fe	llowship	o amoi	unt of	f Rs.					nly).	_

Fellowship ID	
262	

Name of the Fellow : **Ms. Shireen Singh**Enrollment No. : **08616590021** 

Fellowship started Year 20

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

Note: If, as a result of 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 263

# **STRF**

															_	
S	.No.		Name of	the Fello	ow	- f		Period of the Pe			th/Period ship Cla	I	Fellow amount	-	Amour (in Rs.	
						1		Month			o Month		mor		(III ICS.	,
2	63	Ms. P	ragya G	upta									Rs.150	000/-		
1.	Name	of the Fe	ellow			: N	As. Pra	gya Gu	pta							
2.	Enroll	ment No				: 0	871659	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			: <b>U</b>	JSLLS									
6.	Reside	ntial Ad	ldress													-
						:_										-
			Email ID													
			No. & date	`	Attache	ed) :_										-
			upervisor	(s)												-
10.	Bank A	Account	No.													
																-
	Addre	ss of the	Bank													-
Bod  I am  I har scho  If as a r	ies or an not emp ve not a blarship. result of	y other incolored any vailed fell of check the obje	dustry or from where. lowship for a or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/S.	of the Corporation of the Corpor	other
			sed attend	lance rec	ord has	s heen	verified	for the	neriod	from						
			cholar is													
			enom is		7.01 y. 1	113/1101	ichows	siip ioi	the	monun			only):			
		(1			-								(III)	inay oc iv	reasea.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balan Leav	
No. of Leave													30			
	•		•							T.			•	•		
_		-	r with sta	-							;	Signatı	ure of the	e Dean w	ith Stam	)
Recomm Rs.	ended	and f	orwarded	to re	lease 1	the fe	llowship	o amoi	int of	f Rs.				on	ly).	

Fellowship ID	
263	

Name of the Fellow : Ms. Pragya Gupta

Enrollment No. : **08716590021** 

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 264

# **STRF**

															_	
S.	No.		Name of	the Fello	ow			Period	I		h/Perio	I	Fellow		Amo	
						1		ip Clair Month			ship Cla o Month		amount mon		(in F	(s.)
2	64	Ms. A	nindya	Prosac	Kona	ar							Rs.250	000/-		
1.	Name	of the Fe	ellow			: N	Is. Ani	ndya Pı	osad I	Konar		ļ				
2.	Enrolli	ment No				: 0	901659	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			: <b>U</b>	JSLLS									
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter 1	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	apervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Bar	nk:							
	Addres	ss of the	Bank													
Bodi I am I hav schol If as a r	not emp not emp we not a larship. esult (	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	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/S ken to re	RF or an	y other
				1	مما اسم	. 1	:e: . 1	f 41		£	_					
			sed attend													
			cholar is		ctory. I	11S/ner	iellows	snip 101	tne i	montn						
XS		(r	Rs:										only) 1	may be re	neased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Le	lance eave
No. of Leave													30			
,	e of su	ıperviso	r with sta	ımp								Signatı	are of the	e Dean w	ith Sta	mp
Recommo	ended	and f	orwarded	to re	lease	the fe	llowship	o amoi	ınt of	f Rs.				on	 ly).	

Fellowship ID	
264	

Name of the Fellow : Ms. Anindya Prosad Konar

Enrollment No. : **09016590021** 

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 265

# **STRF**

S	.No.		Name of	the Fell	ow	f	Month/ ellowsh	Period o			h/Perio ship Cla		Fellov	-		mount in Rs.)
						1		Month			o Month		mo		(	iii 13.)
2	65	Ms. S	habana	Khan									Rs.15	000/-		
1.	Name	of the Fe	ellow			: N	As. Sha	bana K	han							
2.	Enroll	ment No				: 0	921659	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			: <b>U</b>	JSLLS									
6.	Reside	ential Ad	ldress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter 1	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
						: 1	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
Bod I am I ha scho If as a i	lies or an not empore not a plarship.  result of larize to	y other incolored any vailed fell of check the obje	owship for or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	gramme	of the U	niversity,	includin	g IPRF, S	TRF, JRF/	SRF or	r any other
				1	1 1	. 1		C 41		· • · · · · ·	Ü					
			sed attend													
			cholar is Rs:		nory. I	11S/ner	lellows	snip 10i	the	monun						
KS		(1	w										only)	may oc	cicas	cu.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Tota Leav Availe	e	Balance Leave
No. of Leave													30			
		•			1		1		1	1		S:		- D.		24
_		-	r with sta forwarded	-	leace s	the fo	llowebii	amei	ınt o	f De	ì	Signati	ure of th	e Dean v	vitn S	stamp
(Rs.	cnaca	anu l	oi waiucu	10 16	icast	110 10	now Siii]	, aiii0l	ant O	188.				01	 ıly).	_

265	Fellowship ID	
	265	

Name of the Fellow : Ms. Shabana Khan

Enrollment No. : **09216590021** 

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 266

# **STRF**

															_
S	.No.		Name of	the Fello	ow			Period .			h/Perio		Fellow	• 1	Amount
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	66	Ms.	Darshi	ka Si	ngh		(			(-		-)	Rs.250		
1.	Name	of the Fe	ellow			· N	As. Dar	shika S	ingh						
		ment No					141609		8						
3.	Month	/Period	of fellows	ship Clai	med				20	froi	n :		to		
		nt (in Rs		1											
		of the So					JSBT		(	,					
		ntial Ad				:									
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.												
						: 1	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod I am I ha scho If as a r or regu	lies or an not empore not a plarship.  result of larize to	y other incolored any vailed fell of check the obje	dustry or fro where. lowship for a or audit cted amo	m the Univ	ersity.	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SF	of the Corporate RF or any othe fund, adjus
Dated :_											Sig	nature	of the Re	esearch I	Fellow
Certified	l that th	ne enclos	sed attend	dance rec	ord has	s been	verified	for the	period	from _		1	.0	a	nd also
the prog	gress o	f the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the	month	of			amoun	ting to
Rs		(F	Rs:										only) 1	may be re	eleased.
3.5 (1	т	F 1	34 1	A '1	3.6	т	т 1		C		NT	Ъ	Total	Tatal	Dalamas
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave	Balance Leave
No. of													30	Availed	
Leave															
Sionatui	re of si	ınervisa	r with sta	amn								Sionati	ire of the	Dean w	ith Stamp
_		-	orwarded	-	lease 1	the fe	llowshir	o amoi	ant of	f Rs.	,	~1511att	are or the	. Double W	stamp
(Rs.			3 4		- '		1		-					onl	y).

Fellowship ID	
266	

Name of the Fellow : Ms. Darshika Singh

Enrollment No. : 01416091117

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 July 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 267

# **STRF**

S	.No.		Name of	the Fello	ow	4		Period of the Pe			th/Period ship Clai		Fellov amount	-		ount
						1		np Clain 1 Month			o Month)		mor		(in ]	XS.)
2	67	Ms. N	likita W	adhwa				,		`	,		Rs.250	000/-		
1.	Name	of the Fo	ellow			: N	Ms. Nik	ita Wa	dhw	a						
2.	Enroll	ment No				: 0	131609	1117								
3.	Month	/Period	of fellows	ship Clai	med	:_			20	from	m :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: <b>U</b>	JSBT									
6.	Reside	ential Ad	ldress													
7.	Mobil	e No. &	Email ID			: 9	810247	382	Email	:						
8.	Award	l Letter I	No. & dat	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code :					
						: 1	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
<ul><li>I am</li><li>I ha</li><li>scho</li><li>If as a r</li><li>or regu</li></ul>	n not emp ve not a plarship. result o larize	ployed any vailed fell of check the obje	owship for or audit	five years	after ad						stage, ac	tion v	vill be tal	ken to re	efund, a	adju
Dated :_													of the R			
			sed attend						_	_						
the prog	gress c	of the S	cholar is	satisfac	ctory. I	His/her	fellow	ship for	the	month						
Rs		(F	Rs:										only)	may be r	eleased	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	L	lance eave
No. of Leave													30			
	•		•		•		•			•	· · · · · · · · · · · · · · · · · · ·		•	•		
Signatuı	re of su	ıperviso	r with st	amp							S	ignatı	ire of the	e Dean w	rith Sta	mp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowshij	p amou	int o	f Rs.				on	ly).	

Fe	llowship ID	
	267	

Name of the Fellow : Ms. Nikita Wadhwa

Enrollment No. : **01316091117** 

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 **268** 

S	.No.	J. OKIVI	Name of				Month ellowsh	Period of the Claim Month)	of ned	Mon	th/Perio ship Cla o Month	d of iimed	Fellov amount mor	of one	Amount (in Rs.)
2	268	Ms. A	nuja										Rs.25	000/-	
1.	Name	of the Fe	ellow			: N	As. Anu	ıja							
2.	Enroll	ment No	·.			: 0	111639	1017							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	froi	m :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	JSEM								
6.	Reside	ential Ad	ldress												
7.	Mobil	e No. &	Email ID												
8.	Award	d Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	upervisor	(s)											
10.	Bank .	Account	No.												
						: 1	Name of	the Bar	ık:						
	Addre	ss of the	Bank												
I am I ha scho as a l	n not emplye not a plarship. result	ployed any availed fell  of check	owship for or audit octed amo	five years	after ad						stage, a	ction v	vill be ta		F or any other
rtified	that the	he enclo	sed attend	lance rec	ord ha	s been	verified	for the	period	from		1	to	aı	nd also
prog	gress o	of the S	cholar is	satisfac	tory. I	His/her	fellows	ship for	the	month	of			_ amount	ing to
		(F	Rs:										only)	may be re	leased.
onth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
. of ave													30		
natu		•	r with sta	•	lease	the fe	llowshij	o amou	ınt o	f Rs.		Signati	ure of the	e <b>Dean wi</b> onl	th Stamp

Fe	llowship ID
	268

Name of the Fellow : **Ms. Anuja**Enrollment No. : **01116391017** 

Fellowship started Year 20 May Feb April 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 269

# **STRF**

	Name of	f the Fellow	I	fellowsh	Period o ip Claim Month)		fellows	h/Period ship Cla o Month	imed	Fellow amount o	of one	Amount (in Rs.)
269	Mr. Deepesh	Goyal			/					Rs.250	000/-	
1. Name	of the Fellow		:	Mr. De	epesh (	oyal	l					
2. Enrol	ment No.		:	0121639	1017							
3. Montl	/Period of fellow	ship Claime	ed :			_20	fron	n :		to _		
4. Amou	nt (in Rs.)		:			(in	words)	:				
5. Name	of the School		:	USEM								
6. Resid	ential Address											
7. Mobil	e No. & Email ID	1	:									
	d Letter No. & dat											
	of the Supervisor	`										
10. Bank	Account No.	,										
Addre	ss of the Bank											
I am not em I have not a scholarship. as a result regularize	ny other industry or fro ployed anywhere. availed fellowship for of check or audit the objected amo	five years aft	ter admission					stage, a	ction w		cen to ref	und, adjı
tified that t	he enclosed atten	dance recor	d has been	verified	for the 1	neriod	from		f	·O	ar	d also
	of the Scholar is						_					
	(Rs:		191 1115/110	10110	, , , , , , , , , , , , , , , , , , ,					only) n		
											J	
				July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total	T
onth Jan.	Feb. March	April N	May June	July						Leave	Leave Availed	Balanc Leave
	Feb. March	April N	May June	July						30		

269	Fe	llowship ID	
		269	

Name of the Fellow : Mr. Deepesh Goyal

Enrollment No. : **01216391017** 

Fellowship started Year 20 May Feb April 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.

## GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

S	.No.		Name of	the Fellov	W	f	ellowsh	Period of ip Clain Month	ned	fellow	ch/Period ship Cla o Month	imed	Fellows amount o	of one	Amount (in Rs.)
2	70	Ms. K	hushbo	o Rand	hawa								Rs.250		
1.	Name	of the Fe	ellow			: N	As. Khu	ishboo l	Randh	awa		i			
2.	Enroll	ment No				: 0	231639	0018							
3.	Month	/Period o	of fellows	hip Claim	ned	:_			20	from	n :		to _		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the Sc	chool			<b>J</b> :	JSEM								
6.	Reside	ential Ad	dress												
7.	Mobile	e No. & 1	Email ID												
8.	Award	l Letter N	No. & date	e(Copy A	ttache										
9.	Name	of the Su	pervisor	(s)											
10.	Bank A	Account	No.												
						: N	Name of	the Bar	ık:						
	Addre	ss of the	Bank												
I am I ha scho as a I regu	not emp ve not a plarship. result o	ployed any vailed fello	where. owship for or audit cted amo	objection	ifter adı						stage, a	ction w		en to refu	or any other
tified	that tl	he enclos	sed attend	lance reco	ord has	s been	verified	for the	period	from		t	0	an	d also
1 6	,	(R			J			1						nay be rele	
	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
nth													30		Beave
of ve													30		Deave

Fellowship ID	
270	

Name of the Fellow : Ms. Khushboo Randhawa

Enrollment No. : **02316390018** 

Fellowship started Year 20 May Feb April 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 Feb Mar May June Jan 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.

## GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

### STRF

S	.No.	TOKM	Name of				Month	Period (	of	Mon	th/Perio	d of	Fellow		Amount
						f		ip Clain Month			ship Cla o Montl		amount o	I	(in Rs.)
2	271	Mr.	Abhish	ek Ti	wari		(======			(-		-)	Rs.250		
1.	Name	of the Fe	ellow			: N	Ar. Abl	nishek T	iwari					I	
2.	Enroll	ment No				: 0	174089	0517							
3.	Month	/Period	of fellows	hip Clai	med	:_			20	froi	m :		to _		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	JSBAS								
5.	Reside	ential Ad	dress												
7.	Mobile	e No. &	Email ID			:_									
3.	Award	l Letter N	No. & date	e(Copy A	Attache										
€.	Name	of the Si	upervisor	(s)											
10.	Bank 2	Account	No.			:				IFS	C Code	:			
	Addre	ss of the	Bank												
I ha scho is a regu	ive not a plarship. result o	of check	owship for or audit cted amo	objectio							stage, a	ction v		cen to ref	F or any other
				lance rec	ord ha	s been	verified	for the	nerio	1 from			to		
		(1		Satista	7.01 y. 1	.115/1101	ichows	sinp roi	tile	monun			only) r		
		(1											01113) 1	nay oc re	cuscu.
th	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
of ve													30		
atu		•	r with sta	•	lease	the fe	llowship	o amoi	ınt o	f Rs.		Signati	ure of the	Dean wi	th Stamp
							•							only	y).

Fellowship ID	
271	

Name of the Fellow : Mr. Abhishek Tiwari

Enrollment No. : **01740890517** 

Jan

July

Feb

Aug

May Feb April 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

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.

May

Nov.

Year 20

Mar

Sep

Signature of the Research Fellow

June

Dec

# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

	S.No.		Name of	the Fello	w	f	ellowsh	Period of the control	ned	fellow	th/Period ship Cla o Month	imed	Fellows amount o	of one	Amount (in Rs.)
2	272	Ms. A	Annu I	Kumaı	i								Rs.250	00/-	
1.	Name	of the Fe	llow			: N	Is. Ann	u Kum	ari						
2.	Enroll	ment No.				: 0	811669	0021							
3.	Month	/Period o	of fellows	hip Clain	ned	:_			20	froi	n :		to _		
4.	Amou	nt (in Rs.	)			:_			(in	words)	:				
5.	Name	of the Sc	hool			: <b>U</b>	JSMS								
6.	Reside	ential Ado	dress												
7.	Mobile	e No. & I	Email ID			:_									
8.	Award	l Letter N	Io. & date	(Copy A	ttache	ed) :_									
9.	Name	of the Su	pervisor	(s)		:_									
10.	Bank A	Account 1	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	ık:						
	Addre	ss of the	Bank												
I ha scho as a regu	eve not a colarship.  result of the color of	of check	owship for or audit cted amo	objectio							stage, a	ction w	g IPRF, STF vill be tak of the Re	en to refu	ınd, adju
	l that tl	he enclos	ed attend	ance rec	ord has	s been '	verified	for the	period	from		t	.o	an	
tified															d also
	ress c	of the So	cholar is	satisfact			10110	p 10.	*****						
prog			cholar is	satisfac	iory. 1								only) n	nay be rele	ng to
prog	gress o			satisfac									only) n	nay be rele	ng to
prog					May May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	only) n	Total Leave Availed	ng to
prog		(R	s:				July	Aug.	Sep.	Oct.	Nov.	Dec.	Total	Total Leave	ng to cased.
nth of ve	Jan.	Feb.	March March	April	May	June						Signatu	Total Leave	Total Leave Availed	Balan Leav

Fellowship ID	
272	

Name of the Fellow : Ms. Annu Kumari
Enrollment No. : 08116690021

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

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

Fellowship ID

# **STRF**

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP: STR	PROFORMA F	FOR SUBMITTING T	HE CLAIM FOR	R THE RELEASE OF	F FELLOWSHIP:	STRF
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S.	No.		Name of				Month ellowsh	Period o	of ned	Mon	th/Perio	d of imed	Fellow amount	of one	Amount (in Rs.)
2	73	M+ V	/aibhav	. Kanr	oiiva	,	(From	Month	)	(T	o Month	1)	mon <b>Rs.250</b>		
				IXAIII	Юјгуа								10.200	,00,-	
		of the Fe						bhav K	annoji	ya					
		ment No					881649								
			of fellows	hip Claii	med										
		nt (in Rs							(in	words)	:				
-		of the So				: <b>U</b>	JSIC&T	Γ							
6.	Reside	ntial Ad	dress												
7.	Mobile	e No. & l	Email ID												
8.	Award	Letter N	No. & date	(Copy A	Attache	ed) :_									
9.	Name	of the Su	upervisor	(s)											
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: 1	Name of	the Bar	nk:						
	Addres	ss of the	Bank												
Bodi I am I hav schol as a r regul	not emp not emp we not a larship. result (	y other ind bloyed any vailed fell of check	lustry or from where. owship for or audit cted amo	n the Univ	ersity. after ad	mission i	nto the P	h.D. prog	ramme	of the U	niversity, stage, a	including	g IPRF, ST	RF, JRF/SRI	the Corporate  F or any other  und, adjust  ellow
rtified	that th	ne enclos	sed attend	lance rec	ord ha	s been	verified	for the	period	from		1	0	an	d also
														amounti	ng to
			Rs:		J			1						- nay be rel	_
													•	,	
onth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
. of ave													30		
gnatur		•	r with sta	•	lease	the fe	llowship	o amol	ınt ol	f Rs.	1	Signatu	ire of the	Dean wit	h Stamp

Fellowship ID	
273	

Name of the Fellow : Mr. Vaibhav Kannojiya

Enrollment No. : **18816490020** 

Fellowship started Year 20 May Feb April 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

# **STRF**

S.N	No.		Name of	the Fello	ow		ellowsh	Period of the Pe	ned	fellow	th/Perio ship Cla o Month	imed	Fellow amount o	of one	Amount (in Rs.)
27	74	Ms. S	heela N	arang			(11011	i Wolling	,	(1)	o Wionu	1)	Rs.150		
11. N	Vame	of the Fe	ellow			: N	Is. She	ela Nar	ang						
12. E	Enrolli	ment No					081669								
13. N	Month.	/Period	of fellows	hip Clai	med	:			20	froi	n :		to _		
14. A	Amour	nt (in Rs	.)	_											
15. N	Vame (	of the So	chool				ISMS								
16. R	Reside	ntial Ad	dress												
17. M	Mobile	e No. & 1	Email ID			:_									
18. A	Award	Letter N	No. & date	e(Copy A	Attache										
19. N	Vame (	of the Si	upervisor	(s)											
20. B	Bank A	Account	No.			:_				IFS	C Code	:			
: Name of the Bank:															
A	Addres	ss of the	Bank												
I am n I have schola as a re regula	not emp e not a arship. esult o	oloyed any vailed fell	owship for or audit cted amo	five years	after adr						stage, a	ction v		ken to ref	F or any other
				lance rec	ord has	heen v	verified	for the	neriod	l from			to		
			Rs:		7.01 y. 1	115/1101	ichow	silip Tol	the	monui			only) 1		
		(1	<u> </u>										01113) 1	nay octo	ousou.
onth	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
. of ave													30		
nature		-	r with sta	•								-	ure of the		th Stamp
comme	nded	and f	orwarded	to re	lease t	he fel	lowship	o amoi	int of	f Rs.				only	

	Fellowship ID										
274											

Name of the Fellow : Ms. Sheela Narang

Enrollment No. : 10816690022

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 275

# **STRF**

S	.No.		Name of	the Fell	ow	- f	Month/ ellowsh	Period of			th/Perio	I	Fellow amount	-	Amount (in Rs.)
						1		Month	I .		o Month		mon		(111 13.)
2	275	Mr. S	onal Me	hta			`						Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Ar. Son	al Meh	ta					<u> </u>	
2.	Enroll	ment No				: 0	981659	0022							
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			: <b>U</b>	JSLLS								
6.	Reside	ntial Ad	ldress			:_									
						:_									
7.	Mobile	e No. &	Email ID												
8.	Award	Letter N	No. & date	e(Copy A	Attache										
9.	Name	of the Si	upervisor	(s)											
10.	Bank A	Account	No.												
						: 1	Name of	the Ba	nk:						
	Addre	ss of the	Bank												
<ul> <li>I am Bod</li> <li>I am</li> <li>I ha scho</li> <li>If as a I or regu</li> </ul>	n not availies or an in not employe not a plarship.  result (larize to larize to lariz	ailing any y other inc bloyed any vailed fell of check the obje	dustry or from where. lowship for a or audit cted amo	rship, finar m the Univ five years <b>objectio</b>	ncial assi versity. after ad	stance, g	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR <b>cen to re</b> f	f the Corporate  F or any other  fund, adjust
Dated :_											Sig	nature	of the Re	esearch F	ellow
Certified	l that tl	ne enclos	sed attend	lance rec	ord has	s been	verified	for the	period	from _		1	.0	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the i	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		
_		-	r with sta	-								Signatı	ire of the	Dean wi	th Stamp
Recomm (Rs.	nended	and f	forwarded	to re	lease	the fe	llowship	amoi	unt of	f Rs.		-		onl	y).

Fellowship ID	
<b>275</b>	

Name of the Fellow : Mr. Sonal Mehta
Enrollment No. : 09816590022

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 **276** 

# **STRF**

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	-	Amount
						1		ip Clair Month			ship Cla o Month		amount mon		(in Rs.)
2	276	Ms. A	ppoorva	a Dangi									Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. App	oorva l	Dangi						
2.	Enroll	ment No				: 0	991659	0022							
3.	Month	/Period	of fellowsl	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				JSLLS								
6.	Reside	ential Ad	dress			:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	990015	195	Email:	:					
8.	Award	l Letter 1	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	apervisor (	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Ba	nk:						
	Addre	ss of the	Bank												
<ul> <li>I an Book</li> <li>I an I has school</li> <li>If as a selection</li> </ul>	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 in the University five years a	cial assis ersity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	ance reco	ord has	been	verified	for the	period	l from _		t	0	ar	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 Leave													30		
Leave					L										
Signatu	re of su	ıperviso	r with sta	mp							;	Signatı	ire of the	Dean wi	th Stamp
Recomm	nended	and f	orwarded	to rele	ease t	he fel	llowship	o amoi	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
276	

Name of the Fellow : Ms. Appoorva Dangi

Enrollment No. : 09916590022

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 July 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 277

# **STRF**

S	S.No.		Name of t	the Fello	ow			Period			h/Perio		Fellow	-	Amoun	
						f		ip Clain Month			ship Cla o Month		amount mor	1	(in Rs.)	)
2	277	Ms. M	Ionika Y	adav			(11011)	William	,	(1)	3 IVIOITU	1)	Rs.250			
1.	Name	of the Fe	ellow			: N	Is. Moi	ika Ya	dav							
2.	Enroll	ment No	·.			: 1	021659	0022								
3.	Month	/Period	of fellowsl	hip Claiı	med	:_			20_	froi	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					_
5.	Name	of the So	chool			: U	SLLS									
6.	Reside	ntial Ad	ldress			:_										-
						:_										-
7	M. I. I	. <b>N</b> I. 0	Email ID													
7.				(Conv.	\ ++aaba											-
8. 9.			No. & date upervisor (		Attache	_										-
		Account	•	(8)												
10.	Dunk 2	recount	110.													
	Addre	ss of the	Bank													
* I an  * I ha  sche  If as a  or regu	dies or an not empaye not a olarship. result (alarize tallarize ta	y other ind bloyed any vailed fell of check the obje	owship for f or audit octed amou	n the Univi five years objection	ersity.	nission i	nto the P	h.D. prog	gramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/S	RF or any o	other
Dated:											Sig	nature	of the R	esearch l	Fellow	
Certified	d that th	ne enclos	sed attenda	ance rec	ord has	been	verified	for the	period	from _		t	.0	a	nd also	
the prog	gress o	f the S	cholar is	satisfac	tory. H	lis/her	fellows	ship for	the the	month	of			_ amoun	ting to	
Rs		(F	Rs:										only) :	may be re	eleased.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balane Leave	
No. of Leave													30			
Signatu		•	r with sta	•	lease t	he fel	llowship	o amoi	ant o	f Rs.		Signatı	ire of the	e Dean w	ith Stamp	)

Fellowship ID	
277	

Name of the Fellow : Ms. Monika Yadav

Enrollment No. : 10216590022

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 **278** 

# **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio	I	Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	278	Mr. N	Iayank (	Singha	1								Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Ma	yank Si	nghal			L			
2.	Enroll	ment No				: 1	031659	0022							
3.	Month	/Period	of fellows	hip Claiı	med	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SLLS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	716143	676	Email:						
8.	Award	l Letter N	No. & date	e(Copy A	Attache	(d) :_									
9.	Name	of the Si	apervisor	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Book  I an  I hat scho  If as a	lies or an not employe not a local notal n	y other ind ployed any vailed fell	lustry or from where. owship for	m the Univ	ersity. after adı	mission in	nto the P	h.D. prog	ramme	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  rund, adjust
Dated:											Sign	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	o	an	ıd also
the prog	gress o	of the S	cholar is	satisfac	tory. H	His/her	fellows	ship for	the	month	of			amount	ing to
Rs		(F	Rs:										only) ı	may be rel	eased.
	-					-			~			_		m . 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															
Signatu	re of su	ıperviso	r with sta	атр							,	Signatı	re of the	Dean wit	th Stamp
O		•	orwarded	•	lease t	he fel	llowship	o amoi	unt of	f Rs.					
(Rs														only	/ <b>)</b> .

Fellowship ID	
278	

Name of the Fellow : Mr. Mayank Singhal

Enrollment No. : 10316590022

		Fellowship	started Year 20	_		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
	l l	Y	ear 20	I		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
	<u> </u>	Y	/ear 20		I	
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
		Y	Year 20			
Jan	Feb	Mar	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 279

# **STRF**

S	S.No.		Name of the Fellow					Period			h/Perio		Fellow		Amount			
						10	fellowship Claimed (From Month)				ship Cla o Month		amount mon		(in Rs.)			
2	279 Ms. Parul Sinhmar				(			(-			Rs.250							
1.	1. Name of the Fellow							ul Sinhi	mar			1						
2.							: 10416590022											
3.						:			20	fror	n :		to					
4.							:											
5.							: USLLS											
6.																		
7.	Mobile	e No. &	Email ID															
8.																		
9.	Name	of the Si	apervisor (	s)														
9. Name of the Supervisor (s)       :																		
: Name of the Bank:									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. owship for f	n the Univer live years at objection	rsity. fter admi	ssion ii	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, STI	RF, JRF/SR	f the Corporate  F or any other  und, adjust			
Dated :											Sign	nature	of the Re	esearch F	ellow			
Certified	d that tl	ne enclos	sed attenda	ance reco	rd has l	been v	verified	for the	period	from		t	0	an	d also			
the progress of the Scholar is satisfactory. His/her fellowship for the month of amounting to Rs (Rs: only) may be released.									-									
Month	Jan.	Feb.	March	April	May .	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave			
No. of Leave													30					
Leave																		
O		•	r with star	•		_					\$	Signatu	ire of the	Dean wit	h Stamp			
Recomm (Rs.	nended	and f	orwarded	to rele	ase th	e fel	Iowship	o amou	int of	Rs.				only	<u> </u>			
(110.															<i>j</i> ·			

Fellowship ID	
279	

Name of the Fellow : Ms. Parul Sinhmar

Enrollment No. : 10416590022

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 280

# **STRF**

S	.No.		Name of	the Fello	w			Period of			th/Perio		Fellow		Amount
						10		ip Clain Month			snip Cia o Month		amount mon		(in Rs.)
2	280	Ms. S	onal Ra	.о				,					Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Son	al Rao							
2.	Enroll	ment No				: 1	051659	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	SLLS								
6.	Reside	ntial Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	Letter N	No. & date	(Copy A	Attache	(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												
Bod  I an  I ha  scho  If as a	lies or an not emp we not a plarship. result o	y other ind bloyed any vailed fell of check	lustry or from where. owship for	n the University objection	ersity. after adı	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  fund, adjust
Dated :_											Sig	nature	of the Ro	esearch F	ellow
Certified	l that th	ne enclos	sed attend	ance rec	ord has	been v	verified	for the	period	l from _		1	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be 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		
	•	•	. '	<u>l</u>							•			•	•
Signatu	re of su	ıperviso	r with sta	ımp							;	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	
280	

Name of the Fellow : Ms. Sonal Rao Enrollment No. : 10516590022

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

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

Fellowship ID 281

# **STRF**

S	S.No.		Name of	the Fello	W			Period of the Pe	I .		h/Periooship Cla	I	Fellow amount	^	Amount
						10		Month			o Month		mon	<b>I</b>	(in Rs.)
2	281	Ms. S	anjana l	Moses			,						Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. San	jana M	oses						
2.	Enroll	ment No				: 1	061659	0022							
3.	Month	/Period	of fellowsl	hip Claim	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SLLS								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	953477	617	Email	:					
8.	Award	Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	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 empaye not a olarship.	y other ind bloyed any vailed fell of check	lustry or fron where. owship for t	n the Unive five years a objection	rsity. after adn	nission in	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  rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attenda	ance reco	ord has	been v	verified	for the	period	from _		t	o	ar	nd also
the prog	gress o	f the S	cholar is	satisfact	ory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) ı	may be rel	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														
Signatu	re of su	iperviso	r with sta	mp							;	Signatu	ire of the	Dean wi	th Stamp
	nended	and f	orwarded	to rele	ease t	he fel	lowship	o amou	ant o	f Rs.					
(Rs														only	7).

Fellowship ID	
281	

Name of the Fellow : Ms. Sanjana Moses

Enrollment No. : 10616590022

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 282

# **STRF**

S.	.No.		Name of	the Fello	ow	f		Period of the contract of the	I .		h/Perio ship Cla		Fellov amount			mount n Rs.)
						'		Month)			Month		moi		(11	11(3.)
2	82	Mr. S	hivam I	Kumar									Rs.15	000/-		
1.	Name	of the Fe	ellow			: N	Ar. Shi	vam Ku	mar			I				
2.	Enroll	ment No				: 1	101659	0022								
3.	Month	/Period	of fellows	hip Claiı	ned	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: <b>U</b>	JSLLS									
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. & 1	Email ID													
8.	Award	Letter N	No. & date	c(Copy A	Attache	d) :_										
9.	Name	of the Su	apervisor	(s)												
10.	Bank A	Account	No.													
						: N	Name of	the Bar	nk:							
	Addre	ss of the	Bank													
Bodi I am I have scho If as a r or regul	ies or an not emp ve not a plarship. result of larize	y other ind bloyed any vailed fell of check the obje	owship for or audit cted amo	n the Univ five years <b>objectio</b>	ersity.	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	TRF, JRF/S <b>ken to re</b>	SRF or e <b>fund</b>	any other
Dated :_											_			esearch		
			sed attend													
			cholar is		tory. H	lis/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 Availed	,	Balance Leave
No. of Leave													30			
Signatur	re of su	ıperviso	r with sta	ітр								Signatı	are of the	e Dean w	vith S	tamp
_		-	orwarded	-	ease t	he fe	llowship	o amou	ınt o	f Rs.					ly).	

000	
282	

Name of the Fellow : Mr. Shivam Kumar

Enrollment No. : 11016590022

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 283

# **STRF**

S	S.No.		Name of t	the Fellov	N			Period			h/Perio		Fellow	-	Amount
						10		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	283	Ms. G	arima K	umar									Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Gar	ima Ku	mar						
2.	Enroll	ment No				: 1	111659	0022							
3.	Month	/Period	of fellowsh	nip Claim	ed	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SLLS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 7	838768	378	Email:	:					
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Su	upervisor (	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code				
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empave not a olarship.	y other ind ployed any vailed fell	lustry or from where. owship for f	n the Universive years a objection	rsity. ıfter adr	mission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  fund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attenda	ance reco	ord has	been v	verified	for the	period	l from _		t	o	ar	ıd also
the prog	gress o	of the S	cholar is	satisfact	ory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
	T -					_			~			_			
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30		
Leave															
Signatu	re of su	ıperviso	r with sta	mp							;	Signatu	ire of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rele	ease t	he fel	lowship	o amoi	int of	f Rs.		-			
(Rs														only	/).

Fellowship ID	
283	

Name of the Fellow : Ms. Garima Kumar

Enrollment No. : 11116590022

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 284

# **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	^	Amount
						1		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	284	Ms.	Priyank	a Olani	iya			,				,	Rs.150		
1.	Name	of the F	ellow			: N	Is. Pri	yanka (	Dlaniy:	a					
2.	Enroll	ment No	).				231649	-	·						
3.	Month	/Period	of fellows	ship Clair	med	:_			20	froi	n :		to		
4.	Amou	nt (in Rs	s.)												
5.	Name	of the S	chool				JSIC&T								
6.	Reside	ential Ad	ldress												
7.	Mobile	e No. &	Email ID												
8.	Award	l Letter l	No. & dat	e(Copy A	Attache	ed) :_									
9.	Name	of the S	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Name of	the Bar	nk:						
	Addre	ss of the	Bank												
Bod  I an  I ha scho  If as a l  or regul	dies or an not empaye not a lolarship. result ollarize	y other ind ployed any vailed fell of check the obje	dustry or from the rewhere. It was hip for audit acted amo	m the Univ	ersity. after adı	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  fund, adjust
Dated :_											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	from		1	.o	ar	nd also
the prog	gress o	of the S	cholar is	satisfac	tory. H	lis/her	fellows	ship for	the 1	month	of			_ amount	ing to
Rs		(I	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	or with sta	amp							:	Signatı	ire of the	e Dean wi	th Stamp
Recomm (Rs.	nended	and f	forwarded	to rel	lease 1	the fel	llowship	o amou	int of	f Rs.				only	y).

Fellowship ID

284

Name of the Fellow : Ms. Priyanka Olaniya

Enrollment No. : 22316490022

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 Feb Mar May June Jan 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 285

# **STRF**

S	S.No.		Name of	the Fello	w			Period			h/Perio		Fellow	^	Amount
						1		ip Clain Month			ship Cla o Month		amount mon	<b>I</b>	(in Rs.)
2	285	Ms. P	riyanka	Singh									Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Priy	anka S	ingh						
2.	Enroll	ment No				: 0	682169	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SHSS								
6.	Reside	ential Ad	dress			:_									
						:_									
7.			Email ID				877231	611	Email:	:					
8.			No. & date		Attache	(d) :_									
9.			apervisor (	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Book  I an  I hat scho  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 University 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 enclos	sed attend	ance rec	ord has	been v	verified	for the	period	from _		t	o	ar	ıd also
the prog	gress o	of the S	cholar is	satisfac	tory. F	His/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
			I I							T -	T				
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
	nended	and f	orwarded	to rel	ease t	he fel	lowship	amou	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
285	

Name of the Fellow : Ms. Priyanka Singh

Enrollment No. : **06821690022** 

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 286

# **STRF**

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<b>G</b> •			•,-									<b>.</b>		ъ .	l G
No. of Leave													30		
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
			ks:		tory. I	115/1101	ichows	snip ioi	the i	nontin				nay be rele	
														an _ amounti	
				lance +00	ord boo	heen	verified	for the	neriod	from				esearch Fe	
I here I a I a I a I a I a I a I a I a I a I a	Addre.  by decla m a full ti m residing m not ava dies or an m not emplave not a nolarship. result o ularize	me researc g at address ailing any y other ind oloyed any vailed fell	Bank	the USS/C at Sr. No. arship, finan in the Univ five years	dentres of 6 above, vicial assis ersity.	Exceller which is tance, granission i	Name of	ished under the ernment are from any	er Ordinaccommo	ance-35 codation. ovt./Pub.	of the Univilie Institution	versity. tions, or including	from the CS g IPRF, STI vill be tak	RF, JRF/SRI	the Corporate or any othe and, adjust
9.			apervisor	(s)											
8.	Award	Letter N	No. & date	e(Copy A	Attache	d) :_									
7.	Mobile	e No. & l	Email ID												
6.	Reside	ential Ad	dress												
5.	Name	of the So	chool				JSHSS								
4.		nt (in Rs		mp Clun	nea										
2. 3.		ment No /Period (	of fellows	hin Clair	med		692169		20	froi	m·		to		
1.		of the Fe						ron Hoo	oda						
	286			100ua									K5.150	1007-	
	206	Ma C	haron H	Jaada		1		Month)			o Month		mon Rs.150	th	(III KS.)
			ivallic of	the Fello	)W	f	Month/ ellowsh	ip Clain			th/Perioo ship Cla		Fellow amount	. *	Amount (in Rs.)

Fellowship ID	
286	

Name of the Fellow : Ms. Sharon Hooda

Enrollment No. : **06921690022** 

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 287

# **STRF**

															_	
S	.No.		Name of	the Fello	ow			Period of the control			h/Perioo ship Cla		Fellow amount	-	Amo	
						1		Month			o Month		mor		(in F	XS.)
2	87	Ms. S	imran K	Kaur			`	,		`			Rs.250	000/-		
1.	Name	of the Fe	ellow			: N	As. Sim	ran Ka	ur							
2.	Enroll	ment No				: 0	712169	0022								
3.	Month	/Period	of fellowsl	hip Clair	med	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					
5.	Name	of the So	chool			: <b>U</b>	JSHSS									
6.	Reside	ntial Ad	dress													
						:_										
			Email ID													
			No. & date	`	Attache	(d) :_										
			ıpervisor (	(s)												
10.	Bank A	Account	No.													
	Addre	ss of the	Bank													
Bod  I am  I har scho  If as a r	ies or an not emp ve not a blarship. result of	y other ind bloyed any vailed fell of check the obje	owship for to or audit cted amou	n the Univ five years objection	ersity. after adı	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/S ken to re	RF or an	y other
			sed attend	once rec	ord has	haan	varified	for the	neriod	from						
			cholar is													
			ciioiai is ks:		тогу. 1	115/1101	ichows	siiip ioi	tile	month			only) :			
		(1	<u> </u>										omy)	may be i	neasea.	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Le	lance eave
No. of Leave													30			
	ı		ı l		l											
_		-	r with sta	-		_					;	Signatı	are of the	e Dean w	ith Sta	mp
Recomm Rs.	ended	and f	orwarded	to rel	lease t	the fel	llowship	o amou	int of	Rs.				on	ly).	

Fellowship ID	
287	

Name of the Fellow : Ms. Simran Kaur Enrollment No. : 07121690022

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 288

# **STRF**

S	S.No.		Name of	the Fellov	W			Period			h/Perio	I	Fellov		Amoun	
						10		ip Clain Month			ship Cla o Month		amount moi		(in Rs.	)
2	288	Ms. A	nanya S	Sinha					,			,	Rs.15	000/-		
1.	Name	of the Fe	ellow			: N	Is. Ana	nya Sir	nha			I				
2.	Enroll	ment No	) <b>.</b>			: 0	722169	0022								
3.	Month	/Period	of fellowsl	hip Claim	ned	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)			:_			(in	words)	:					_
5.	Name	of the So	chool				SHSS									
6.	Reside	ntial Ad	ldress			:_										-
																-
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	(Copy A	ttache											
9.	Name	of the Si	upervisor (	(s)												
10.	Bank A	Account	No.													_
						: 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 bloyed any vailed fell of check	other fellows dustry or from where. owship for factor audit of cted amou	n the Unive five years a objection	rsity. after adm	nission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	includin	g IPRF, ST	TRF, JRF/SI	RF or any o	ther
Dated:											Sig	nature	of the R	esearch I	Fellow	
Certified	d that tl	ne enclo	sed attenda	ance reco	ord has	been v	verified	for the	period	from _		1	.o	a	nd also	
the prog	gress o	f 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	Balan Leav	
No. of Leave													30	Avancu		
	1	<u> </u>	1					I		1	I		1		I	
Ü		•	r with sta	•	ease tl	he fel	llowshi <sub>l</sub>	o amoi	ant of	f Rs.		Signatı	ire of the	e Dean w		,
(1/2														0111	у <i>)</i> .	

Fellowship ID	
288	

Name of the Fellow : Ms. Ananya Sinha
Enrollment No. : 07221690022

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 289

# **STRF**

S	S.No.		Name of	the Fello	w			Period o			h/Perio		Fellow	-	Amount
						10		ip Clain Month			ship Cla o Month		amount mor	<b>I</b>	(in Rs.)
2	289	Ms. P	ragati N	Iishra								,	Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Pra	gati Mi	shra						
2.	Enroll	ment No				: 0	742169	0022							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SHSS								
6.	Reside	ntial Ad	dress			:_									
7.	Mobile	e No. &	Email ID												
8.	Award	Letter 1	No. & date	(Copy A	Attache	ed) :_									
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  * 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	n the Universive objection	ersity. after adı	mission i	nto the P	h.D. prog	ramme	of the Ui	niversity,	including	g IPRF, ST	RF, JRF/SR ken to ref	f the Corporate  F or any other  fund, adjust
Dated :_											Sig	nature	of the R	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance rec	ord has	s been v	verified	for the	period	from _		1	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. I	lis/her	fellows	ship for	the i	month	of			_ amount	ing to
Rs		(F	Rs:										only) :	may be re	leased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
	•			1						•			•	•	
Signatu	re of su	ıperviso	r with sta	тр							1	Signatı	ire of the	e Dean wi	th Stamp
Recomm (Rs	nended	and f	orwarded	to rel	ease 1	the fel	llowshij	o amou	int of	f Rs.				onl	y).

Fellowship ID	
289	

Name of the Fellow : Ms. Pragati Mishra

Enrollment No. : **07421690022** 

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 **290** 

# **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow	^	Amount
						1		ip Clain Month			ship Cla o Month		amount o	<b>I</b>	(in Rs.)
2	290	Ms. N	Iadhavi	Tripat	:hi								Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Mac	dhavi T	ripath	i					
2.	Enroll	ment No	) <b>.</b>			: 0	752169	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			: <b>U</b>	SHSS								
6.	Reside	ntial Ad	ldress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	871251	855	Email:						
8.	Award	Letter 1	No. & date	e(Copy A	Attache	ed) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
<ul> <li>I an Book</li> <li>I an I has school</li> <li>If as a limit as a lin</li></ul>	n not availies or an not empave not a olarship.	oiling any y other incolored any vailed fell of check	lustry or from where. lowship for	whip, finar m the Univ five years objection	ncial assis versity. after adı	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  Yund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	s been v	verified	for the	period	from		t	o	ar	nd also
the prog	gress o	f the S	cholar is	satisfac	ctory. I	lis/her	fellows	ship for	the i	month	of			_ amount	ing to
Rs		(F	Rs:										_ only) 1	may be rel	leased.
	,										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	1														
Signatu	re of su	iperviso	r with sta	amp							;	Signatu	re of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to re	lease 1	the fel	llowship	o amoi	ınt of	f Rs.					
(Rs														only	y).

Fellowship ID	
290	

Name of the Fellow : Ms. Madhavi Tripathi

Enrollment No. : **07521690022** 

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 291

# **STRF**

S	S.No.		Name of	the Fell	ow			Period			h/Perio		Fellov			nount
						f		ip Clain Month			ship Cla o Month		amount mor		(in	n Rs.)
2	291	Ms. R	Reena Do	evi			(110III	· · · · · · · · · · · · · · · · · · ·	,	(1)	3 IVIOIIII	.)	Rs.25			
1.	Name	of the Fo	ellow			: N	Is. Ree	na Devi	i							
2.	Enroll	ment No				: 0	762169	0022								
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	SHSS									
6.	Reside	ntial Ad	dress			:_										
7.	Mobile	e No. &	Email ID													
8.	Award	Letter N	No. & date	e(Copy A	Attache	<b>d)</b> :_										
9.	Name	of the Si	apervisor	(s)		:_										
10.	Bank A	Account	No.													
						: N	Name of	the Ba	nk:							
	Addre	ss of the	Bank													
<ul> <li>I an Book</li> <li>I an I hat schot</li> <li>If as a for regularity</li> </ul>	n not availies or an in not empare not a colarship.  result (alarize tallarize tallari	ailing any y other inc bloyed any vailed fell of check the obje	owship for or audit cted amo	rship, finar m the Univ five years objection	ncial assis versity. after adn	tance, gr	rants, etc	from any	other (	of the U	niversity,	including	g IPRF, ST	FRF, JRF/S ken to re	SRF or a	any other
Dated :													of the R			
			sed attend													
the prog	gress o	f the S	cholar is	satisfac	ctory. H	lis/her	fellows	ship for	r 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	:   :	Balance Leave
No. of Leave													30			
Signatu		•	r with sta	•	lease t	he fel	llowship	o amoi	ınt o	f Rs.		Signatı	ire of the		vith St	tamp

Fellowship ID	
291	

Name of the Fellow : **Ms. Reena Devi** Enrollment No. : **07621690022** 

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 292

# **STRF**

S	S.No.		Name of	the Fello	ow			Period			h/Perio		Fellow		Amount
						1		ip Clair Month			ship Cla o Month		amount mor		(in Rs.)
2	292	Mr. R	angana	dham S	Srinad	h	`						Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Ir. Ran	ıganadl	nam Sı	rinadh					
2.	Enroll	ment No				: 0	772169	0022							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SHSS								
6.	Reside	ntial Ad	dress			:_									
						:_									
7.	Mobile	e No. &	Email ID				750715								
8.			No. & date	e(Conv A	Attache										
9.			apervisor			_									
		Account	•	(5)											
	Addre	ss of the	Bank												
Boo ❖ I an ❖ I ha sche If as a	dies or an not empaye not a olarship.	y other ind bloyed any vailed fell of check	lustry or from where. owship for	m the Univ	ersity. after adr	mission 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 R	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	lance rec	ord has	been v	verified	for the	period	from _		t	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfac	tory. F	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be re	leased.
M 41-	Tan	E a la	Manala	A:1	Mari	June	T. J.	A	Can	0-4	Nov.	Dan	Total	Total	Balance
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	NOV.	Dec.	Leave	Leave Availed	Leave
No. of Leave													30		
	<u>.</u>		<u> </u>	l	l					1					
Recomn		•	r with sta	•	ease t	he fel	llowshi <sub>l</sub>	o amoi	ant of	f Rs.		Signatu	ire of the		th Stamp
(Rs														only	y).

Fellowship ID	
292	

Name of the Fellow : Mr. Ranganadham Srinadh

Enrollment No. : **07721690022** 

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 **293** 

# **STRF**

S	S.No.		Name of	the Fello	ow			Period of the income in the in			h/Periooship Cla	I	Fellow amount	^	Amount (in Rs.)
						11		Month			o Month		mon	<b>I</b>	(111 KS.)
2	293	Ms. K	Kavita										Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Kav	rita							
2.	Enroll	ment No				: 0	621639	0022							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	JSEM								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobil	e No. &	Email ID			: 8	130335	930	Email:	:					
8.	Award	l Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Si	upervisor	(s)		:_									
10.	Bank A	Account	No.			:_				IFS	C Code	:			
						: N	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
Solution Head So	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for	rship, finar m the Univ five years objection	ncial assis versity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	l from _		t	0	ar	nd also
														_ amount	
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 Leave													30		
Leave															
Signatu	re of su	ıperviso	r with sta	amp							;	Signatu	ire of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to re	lease t	he fel	lowship	amou	int of	f Rs.					
(Rs														only	y).

Fe	llowship ID	
	293	

Name of the Fellow : **Ms. Kavita**Enrollment No. : **06216390022** 

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 294

# **STRF**

S	S.No.		Name of	the Fello	w			Period o			th/Perio	I	Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	294	Ms. N	Ieru Shi	kha				,	,			,	Rs.150		
1.	Name	of the Fe	ellow			: N	Is. Mei	ru Shikl	ha			L			
2.	Enroll	ment No				: 0	641639	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	froi	n :		to		
4.	Amou	nt (in Rs	.)												
5.	Name	of the So	chool				JSEM								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 6	375753	572	Email:	:					
8.	Award	Letter 1	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												
Solution A Book I am Book I am School I am School I as a s	n not availies or an not empave not a olarship.	oiling any y other incolored any vailed fell of check	lustry or from where. owship for	ship, finand the University of the years	cial assis ersity. after adr	tance, 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  und, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclos	sed attend	ance 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	month	of			amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
Leave	1														_ I
O		•	r with sta	•	ease t	he fel	llowshi <sub>l</sub>	o amoi	ant of	f Rs.		Signatu	ire of the	Dean with	
(170.															<i>j</i> •

Fellowship ID	
294	

Name of the Fellow : **Ms. Meru Shikha**Enrollment No. : **06416390022** 

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

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

Fellowship ID **295** 

# **STRF**

S	S.No. Name of the Fellow					Period			h/Perio		Fellow	^	Amount		
						1		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	295	Mr. B	hupend	ra Ku	mar		(11011			(2)		.)	Rs.250		
1.	Name	of the Fe	ellow			· N	Ir. Rhu	ıpendra	Kum	ıar		<u> </u>			
2.		ment No					651639	-							
3.			of fellowsl	hin Clair	med				20	fror	n ·		to		
4.		nt (in Rs		inp Ciun	inca										
5.		of the So					JSEM		(111	words)					
6.		ential Ad													
0.	reside	iitiai 7 ta	di C33												
7.	Mobile	e No. & 1	Email ID												
8.	Award	l Letter N	No. & date	(Copy A	Attache										
9.	Name	of the Su	ıpervisor (	(s)											
10.	Bank A	Account	No.												
	Addre	ss of the	Bank												
Bod  I an  I ha  scho  If as a	lies or and not employee not a colorship.  result	y other ind ployed any vailed fell	lustry or fron where. owship for t	n the Univi five years objection	ersity.	nission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, STI	RF, JRF/SRI	the Corporate  F or any other  und, adjust
Dated :_											Sig	nature	of the Re	esearch Fo	ellow
Certified	d that tl	ne enclos	sed attenda	ance rec	ord has	been v	verified	for the	period	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													30	77,41104	
Leave															
Signatu	re of su	ıperviso	r with sta	mp							;	Signatu	re of the	Dean wit	h Stamp
O		•	orwarded	•	lease t	he fel	lowshi	o amoi	ınt of	f Rs.		3			
(Rs														only	 ).

Fellowship ID	
295	

Name of the Fellow : Mr. Bhupendra Kumar

Enrollment No. : **06516390022** 

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 **296** 

# **STRF**

S	S.No.		Name of t	the Fello	w			Period			h/Perio		Fellov	vship	Aı	mount
						f		ip Clain Month			ship Cla o Month		amount		(iı	n Rs.)
2	296	Mr. M	Ianoj Ku	ımar			(11011	rivionin	,	(1)	3 WORL	1)	Rs.15			
1.	Name	of the Fe	ellow			: N	Ir. Mai	noj Kur	nar			ļ				
2.	Enroll	ment No				: 0	661639	0022								
3.	Month	/Period	of fellowsł	nip Clair	ned	:_			20	from	n :		to			
4.	Amou	nt (in Rs	.)													
5.	Name	of the So	chool			: <b>U</b>	JSEM									
6.	Reside	ential Ad	dress													
7.	Mobile	e No &	Email ID			:_										
8.			No. & date	(Conv A	Attache											
9.			apervisor (			_										
		Account	_													
	Addre	ss of the	Bank													
Social Book Book Social Book Book Book Book Book Book Book Boo	dies or an not empaye not a solarship. result of a larize to the solar ship.	y other incolored any vailed fell of check the obje	owship for f or audit o	the Universe ive years objection	ersity. after adı	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	FRF, JRF/S <b>ken to r</b>	SRF or efund	any other
Dated :											Sig	nature	of the R	esearch	Fello	W
			sed attenda													
the prog	gress o	of the S	cholar is	satisfac	tory. I	His/her	fellows	ship for	the	month	of			_ amou	nting	to
Rs		(F	Rs:										only)	may be 1	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			
Signatu		•	r with sta	•	ease t	he fel	llowship	o amou	ınt o	f Rs.		Signatı	ure of th	e Dean v	vith S	tamp
(Rs.														or	ıly).	

Fe	llowship ID	
	296	

Name of the Fellow : Mr. Manoj Kumar Enrollment No. : 06616390022

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 297

# **STRF**

S	S.No.		Name of	the Fello	ow			Period of the Pe			th/Period ship Cla		Fellow amount	-	Amount (in Rs.)
						1		Month			o Month		mon		(III KS.)
2	297	Ms. B	abita										Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Bab	ita							
2.	Enroll	ment No				: 0	306999	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			: <b>U</b>	JSE								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 7	701868	284	Email:	:					
8.	Award	l Letter N	No. & date	e(Copy A	Attache	ed) :_									
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												
Solution Head So	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for	rship, finar m the Univ five years objection	ncial assis versity. after adı	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  rund, adjust
Dated:											Sig	nature	of the Re	esearch F	ellow
Certified	d that tl	ne enclo	sed attend	lance rec	ord has	been v	verified	for the	period	l from _		t	.o	ar	nd also
														_ 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		
Leave	<u> </u>														
Signatu	re of su	ıperviso	r with sta	amp							;	Signatı	ire of the	Dean wi	th Stamp
	nended	and f	orwarded	to re	lease t	the fel	llowship	o amoi	int of	f Rs.					
(Rs														only	y).

Fellowship ID	
297	

Name of the Fellow : **Ms. Babita**Enrollment No. : **03069990722** 

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 **298** 

## **STRF**

S	S.No.		Name of	the Fello	W			Period			h/Perio		Fellow	_	Amount
						10		ip Clain Month			ship Cla o Month		amount o		(in Rs.)
2	298	Ms. R	Reetika (	Singh									Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Ree	tika Sin	gh						
2.	Enroll	ment No				: 0	784089	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				SBAS								
6.	Reside	ntial Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	873825	707	Email:	:					
8.	Award	Letter 1	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	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 hat scho  If as a	lies or an not emp ave not a olarship.	y other ind bloyed any vailed fell of check	lustry or fror where. owship for	n the Unive	ersity. after adr	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  und, adjust
Dated:											Sign	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	l from _		t	o	an	d also
the prog	gress o	f the S	cholar is	satisfact	tory. F	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	eased.
	-					-			~			_		m . 1	
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
O		•	orwarded	•	ease t	he fel	lowship	o amoi	ınt o	f Rs.					
(Rs														only	′).

Fellowship ID	
298	

Name of the Fellow : Ms. Reetika Singh
Enrollment No. : 07840890022

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 299

## **STRF**

S	S.No.		Name of	the Fello	w			Period			h/Perio		Fellow	- 1	Amount
						I		ip Clain Month			ship Cla o Month		amount mon		(in Rs.)
2	299	Ms. K	Kajal Cha	audhar	y								Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Kaj	al Chau	ıdhary	,					
2.	Enroll	ment No				: 0	794089	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	JSBAS								
6.	Reside	ential Ad	dress			:_									
						:_									
7.			Email ID												
8.			No. & date	`	ttache	d) :_									
9.			upervisor (	(s)											
10.	Bank A	Account	No.												
		ss of the are that	Bank												
Solution Here I am Book I am Scholl I as a	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or from where. owship for	ship, finand in the University five years	cial assis ersity. after adn	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  Yund, 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	ıd also
the prog	gress o	of the S	cholar is	satisfact	tory. H	Iis/her	fellows	ship for	the 1	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
	1 -			,					~			-	T ( )	m . 1	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	11/41104	
Leave	1														
Signatu	re of su	ıperviso	r with sta	тр							;	Signatu	re of the	Dean wi	th Stamp
Recomn	nended	and f	orwarded	to rel	ease t	he fel	llowship	o amoi	ınt of	f Rs.		-			
(Rs														only	y).

Fellowship ID	
299	

Name of the Fellow : Ms. Kajal Chaudhary

Enrollment No. : **07940890022** 

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 300

## **STRF**

S	S.No.		Name of	the Fello	W			Period of the Pe			h/Periooship Cla		Fellow amount	-	Amount (in Rs.)
						10		Month			o Month		mon		(III KS.)
3	300	Ms. V	'inita Sa	ıngwan									Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Vin	ita Sang	gwan						
2.	Enroll	ment No				: 0	804089	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	fron	n :		to _		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	SBAS								
6.	Reside	ential Ad	dress			:_									
						:_									
7.			Email ID												
8.			No. & date		ttache	d) :_									
9.			upervisor	(s)											
10.	Bank A	Account	No.												
		0.1	D 1												
		ss of the	Bank												
Solution Here I am Book I am Scholl I as a	n not availies or an not empave not a olarship.	ailing any y other ind ployed any vailed fell	lustry or fror where. owship for	ship, finand in the University five years a	cial assistersity.	tance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  Yund, 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) ı	may be re	leased.
	T +			,	3.6		7.1		~			-	T 70 4 1	m . 1	
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 of	f Rs.					
(Rs														only	y).

Fellowship ID	
300	

Name of the Fellow : Ms. Vinita Sangwan

Enrollment No. : **08040890022** 

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 301

## **STRF**

S	S.No.		Name of t	the Fellov	W			Period of the income in the in			h/Periooship Cla	I	Fellow amount	^	Amount (in Rs.)
						1		Month			Month		mon	<b>I</b>	(111 KS.)
3	301	Ms. G	unjan G	oel									Rs.250	000/-	
1.	Name	of the Fe	ellow			: N	Is. Gur	ıjan Go	el						
2.	Enroll	ment No				: 0	814089	0022							
3.	Month	/Period	of fellowsh	nip Claim	ned	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	SBAS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobil	e No. &	Email ID			: 9	667517	467	Email:						
8.	Award	l Letter N	No. & date	(Copy A	ttache	d) :_									
9.	Name	of the Si	upervisor (	(s)											
10.	Bank A	Account	No.												
	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 f	n the Universive years a objection	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  fund, adjust
Dated:											Sign	nature	of the Re	esearch F	ellow
Certified	d that tl	he enclo	sed attenda	ance reco	ord has	been v	verified	for the	period	from _		t	o	ar	nd also
the prog	gress c	of the S	cholar is	satisfact	ory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) 1	may be rel	leased.
	T +		36.1	,		-	7.1		~		3.7	- n	T 70 4 1	TD 4.1	
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	Availed	
Leave															
Signatu	re of sı	ıperviso	r with sta	mp								Signatı	ire of the	Dean wi	th Stamp
Ü		•	orwarded	•	ease tl	he fel	lowshi	o amoi	ınt o	f Rs.		<i>a</i>		.,-	I.
(Rs														only	

301	

Name of the Fellow : Ms. Gunjan Goel
Enrollment No. : 08140890022

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 302

## **STRF**

															_	
S	.No.		Name of	the Fello	ow			Period	I .		th/Perio		Fellov	-		ount
						1	ellowsh From)	ip Clain Month			ship Cla o Month		amount mor		(in ]	Ks.)
3	02	Ms. R	ashmi (	Saini						`		,	Rs.250	000/-		
1.	Name	of the Fe	ellow			: N	As. Ras	hmi Sai	ini			l				
2.	Enroll	ment No				: 0	834089	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			: <b>U</b>	JSBAS									
6.	Reside	ential Ad	dress			:_										
						:_										
7.	Mobile	e No. &	Email ID			: 9	868001	293	Email:							
8.	Award	l Letter N	No. & date	e(Copy A	Attache	ed) :_										
9.	Name	of the Si	upervisor	(s)		:_										
10.	Bank A	Account	No.			:_				IFS	C Code	:				
	: Name of the Bank:Address of the Bank															
	Addre	ss of the	Bank													
<ul> <li>I am Bod</li> <li>I am</li> <li>I ha scho</li> <li>If as a lor regular</li> </ul>	n not availies or an not employe not a plarship.	ailing any y other inco bloyed any vailed fell of check the obje	owship for or audit cted amo	whip, final m the University five years	ncial assi versity. after ad	stance, gr	rants, etc	from any	other G	of the U	niversity,	including	g IPRF, ST	RF, JRF/S ken to re	RF or ar	ny other
Dated :_													of the R			
			sed attend													
the prog	gress o	of the S	cholar is	satisfac	ctory. I	His/her	fellows	ship for	the i	month						
Rs		(F	Rs:										only)	may be re	eleased	•
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	L	llance eave
No. of Leave													30			
LLAVE			I		<u> </u>						I					
_		-	r with sta	-								Signatı	ure of the	e Dean w	ith Sta	mp
Recomm (Rs.	nended	and f	orwarded	to re	lease	the fe	llowship	o amoi	unt of	f Rs.				on	 ly).	

Fellowship ID	
302	

Name of the Fellow : **Ms. Rashmi Saini**Enrollment No. : **08340890022** 

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 303

## **STRF**

S	S.No.		Name of	the Fello	ow	f		Period of the Pe			h/Periooship Cla	I	Fellow amount		Amount (in Rs.)
						1		Month)			o Month		mon		(111 103.)
3	303	Ms. S	uman										Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Sun	nan				1			
2.	Enroll	ment No				: 0	844089	0022							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: U	JSBAS								
6.	Reside	ntial Ad	dress			:_									
						:_									
7	M. 1.31	. <b>N</b> I. 0	E :1 ID												
7.			Email ID	·(Comv	4 44 a ala a										
8.			No. & date		Attacne	_									
9. 10		or the St Account	upervisor No	(S)											
10.	Dalik I	Account	NO.												
	Addre	ss of the	Rank												
<ul> <li>I an Book</li> <li>I an I has school</li> <li>If as a limit as a lin</li></ul>	n not availies or an not employee not a olarship.	niling any y other ind ployed any vailed fell of check	lustry or from where. owship for	rship, finar m the Univ five years objection	ncial assis versity. after adr	stance, gr	rants, etc	from any	other G	of the U	niversity,	includinş	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any other  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	ar	nd also
														amount	
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 Leave													30		
20070	1												1		
Ü		•	r with sta	•	lease t	he fel	llowshij	o amoi	ınt of	f Rs.	;	Signatı	ire of the	e Dean wi	
(															, <i>,</i> .

Fellowship ID	
303	

Name of the Fellow : **Ms. Suman**Enrollment No. : **08440890022** 

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

Note: If, as a result of 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 304

## **STRF**

S	S.No.		Name of	the Fello	W			Period of the Pe	I		h/Perio ship Cla		Fellow amount	-	Amount (in Rs.)
						1		ip Ciaiii Month			o Month		mor		(III KS.)
3	304	Mr. K	rishna l	Kumar									Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	1r. Kri	shna Kı	ımar						
2.	Enroll	ment No				: 0	854089	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	SBAS								
6.	Reside	ntial Ad	dress			:_									
						:_									
7.	Mobile	No &	Email ID												
8.			No. & date	e(Conv A	ttache										
9.			apervisor (		ıttacııc	_									
		Account	•	(3)											
10.	Duint 1	recount	110.												
	Addre	ss of the	Bank												
Book  I an  I hat scho  If as a	dies or an not empave not a olarship.	y other ind bloyed any vailed fell of check	lustry or from where. owship for	n the Unive	ersity. after adr	mission i	nto the P	h.D. prog	ramme	of the U	niversity,	including	g IPRF, ST	RF, JRF/SR	f the Corporate  F or any othe  Fund, adjust
Dated :											Sig	nature	of the R	esearch F	ellow
Certified	d that th	ne enclos	sed attend	ance rec	ord has	been v	verified	for the	period	l from _		1	.o	aı	nd also
the prog	gress o	f the S	cholar is	satisfact	tory. H	lis/her	fellows	ship for	the	month	of			_ amount	ing to
Rs		(F	Rs:										only) :	may be re	leased.
35	T .		36 1		3.7		T 1		<u> </u>	0.	<b>N</b> T		T.4.1	T-4-1	Dalama
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		
	1	I	1					I		1	I	I	1	1	_1
O		•	r with sta	•	ease t	he fel	llowshij	o amoi	int o	f Rs.	-	Signatı	ire of the	e Dean wi	th Stamp
(170.															, <i>j</i> .

Fellowship ID	
304	

Name of the Fellow : Mr. Krishna Kumar

Enrollment No. : **08540890022** 

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 305

# **STRF**

S	S.No.		Name of	the Fello	ow			Period ip Clair			th/Period ship Cla		Fellow amount	- 1	Amount
						1		ip Ciaii Month			o Month		mon		(in Rs.)
3	305	Ms. C	haru Bl	nutani			•						Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Cha	ru Bhu	tani			l			
2.	Enroll	ment No				: 0	864089	0022							
3.	Month	/Period	of fellows	hip Clair	med	:_			20	from	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				JSBAS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	992698	673	Email:	:					
8.	Award	l Letter N	No. & date	e(Copy A	Attache	d) :_									
9.	Name	of the Su	upervisor	(s)		:_									
10. Bank Account No. :IFSC Code :															
						: N	Vame of	the Ba	nk:						
	Addre	ss of the	Bank												
Book  I an  I hat scho  If as a	lies or an not employe not a local a l	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, STI	RF, JRF/SR	f the Corporate  F or any other  und, adjust
Dated:											Sign	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 o	of the S	cholar is	satisfac	ctory. 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															
Signatu	re of su	ıperviso	r with sta	ımp							\$	Signatu	re 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	
305	

Name of the Fellow : Ms. Charu Bhutani

Enrollment No. : **08640890022** 

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 306

## **STRF**

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.)
3	306	Ms. V	aishali :	Prasha	r								Rs.150	000/-	
1.	Name	of the Fe	ellow			: N	Is. Vais	shali Pr	ashar			L			
2.	Enroll	ment No				: 0	874089	0022							
3.	Month	/Period	of fellows	hip Clain	ned	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool				JSBAS								
6.	Reside	ential Ad	dress			:_									
						:_									
7.			Email ID												
8.			No. & date		ttache	d) :_									
9.			upervisor (	(s)											
10. Bank Account No. :IFSC Code :															
		ss of the are that	Bank												
Social Book I and Social Book I has a or regular	dies or an not empave not a olarship. result olarize	y other incolored any vailed fell of check the obje	lustry or from where. owship for a or audit cted amou	n the University objection	ersity. after adr	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:											Sign	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	.o	ar	nd also
the prog	gress o	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.
3.6 (1	т	F 1	37. 1	A 11	3.4	T	T 1		C		N	D	Total	Total	Dalamas
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of													30	11/41104	
Leave															
Signatu	re of su	ıperviso	r with sta	mp							\$	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	
306	

Name of the Fellow : Ms. Vaishali Prashar

Enrollment No. : **08740890022** 

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 307

## **STRF**

S	S.No.		Name of	the Fello	ow	f		Period of the Pe			h/Periooship Cla		Fellow amount	^	Amount (in Rs.)
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2.	Enroll	ment No				: 1	001669	0022							
3.	Month	/Period	of fellows	hip Clair	ned	:_			20	fron	n :		to		
4.	Amou	nt (in Rs	.)			:_			(in	words)	:				
5.	Name	of the So	chool			: <b>U</b>	SMS								
6.	Reside	ential Ad	dress			:_									
						:_									
						:_									
7.	Mobile	e No. &	Email ID			: 9	871052	520	Email:						
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	Vame of	the Bar	nk:						
	Addre	ss of the	Bank												
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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	o	ar	nd also
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	nended	and f	orwarded	to re	lease t	he fel	llowship	o amoi	ınt of	f Rs.					
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Fellowship ID	
307	

Name of the Fellow : Ms. Aeshna Kharbanda

Enrollment No. : 10016690022

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

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