



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
162

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
162	Mr. Sachin Kadyan			Rs. 25000/-	

- Name of the Fellow : **Mr. Sachin Kadyan**
- Enrollment No. : 12740890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9696228000 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Sachin Kadyan**

Enrollment No. : **12740890025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

163

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
163	Ms. Kusum			Rs. 25000/-	

- Name of the Fellow : **Ms. Kusum**
- Enrollment No. : 12840890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9873105515 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

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- ❖ 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Kusum**
Enrollment No. : **12840890025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

164

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
164	Ms. Divya			Rs. 25000/-	

- Name of the Fellow : **Ms. Divya**
- Enrollment No. : 12940890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9582238828 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

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- ❖ 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Divya
Enrollment No. : 12940890025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
165

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
165	Ms. Himanshi			Rs. 25000/-	

- Name of the Fellow : **Ms. Himanshi**
- Enrollment No. : 13040890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7015770068 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Himanshi

Enrollment No. : 13040890025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

166

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
166	Ms. Muskan			Rs. 25000/-	

- Name of the Fellow : **Ms. Muskan**
- Enrollment No. : 13140890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9991836963 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Muskan**

Enrollment No. : **13140890025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

167

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
167	Ms. Nishu			Rs. 25000/-	

- Name of the Fellow : **Ms. Nishu**
- Enrollment No. : 13240890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8930494017 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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.
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- ❖ I am not employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Nishu
Enrollment No. : 13240890025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

168

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
168	Ms. Aarti Yadav			Rs. 25000/-	

- Name of the Fellow : **Ms. Aarti Yadav**
- Enrollment No. : 13540890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9729502956 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

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- ❖ I am not employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Aarti Yadav

Enrollment No. : 13540890025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

169

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
169	Ms. Garima			Rs. 25000/-	

- Name of the Fellow : **Ms. Garima**
- Enrollment No. : 13640890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8865005881 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

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If as a result of 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 : _____

Signature of the Research Fellow

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Garima**
Enrollment No. : **13640890025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

170

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
170	Mr. Rituraj Bhattacharjee			Rs. 25000/-	

- Name of the Fellow : **Mr. Rituraj Bhattacharjee**
- Enrollment No. : 13740890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8587832608 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Rituraj Bhattacharjee**

Enrollment No. : **13740890025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

171

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
171	Ms. Nikita Joshi			Rs. 25000/-	

- Name of the Fellow : **Ms. Nikita Joshi**
- Enrollment No. : 13840890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7252936944 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Nikita Joshi

Enrollment No. : 13840890025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

172

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
172	Ms. Vani Verma			Rs. 25000/-	

- Name of the Fellow : **Ms. Vani Verma**
- Enrollment No. : 13940890025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7065175533 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Vani Verma

Enrollment No. : 13940890025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

173

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
173	Mr. Ruddhi Sundar Jena			Rs. 25000/-	

- Name of the Fellow : **Mr. Ruddhi Sundar Jena**
- Enrollment No. : 7216090025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9650268556 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Ruddhi Sundar Jena**

Enrollment No. : **7216090025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

174

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
174	Ms. Yashika Maheshwari			Rs. 25000/-	

- Name of the Fellow : **Ms. Yashika Maheshwari**
- Enrollment No. : 7316090025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 6264753597 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Yashika Maheshwari

Enrollment No. : 7316090025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

175

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
175	Ms. Avani Chaudhary			Rs. 25000/-	

- Name of the Fellow : **Ms. Avani Chaudhary**
- Enrollment No. : 17816590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9811226295 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Avani Chaudhary

Enrollment No. : 17816590025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

176

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
176	Ms. Divya Chaudhary			Rs. 25000/-	

- Name of the Fellow : **Ms. Divya Chaudhary**
- Enrollment No. : 18116590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9711109935 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Divya Chaudhary

Enrollment No. : 18116590025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

177

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
177	Mr. Mukul Lakra			Rs. 25000/-	

- Name of the Fellow : **Mr. Mukul Lakra**
- Enrollment No. : 18216590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9582088448 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

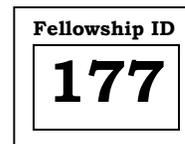
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Mr. Mukul Lakra

Enrollment No. : 18216590025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

178

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
178	Ms. Jyoti			Rs. 25000/-	

- Name of the Fellow : **Ms. Jyoti**
- Enrollment No. : 18316590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9958549357 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

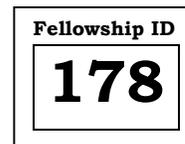
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Jyoti**
Enrollment No. : **18316590025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

179

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
179	Ms. Aditi Mazumdar			Rs. 25000/-	

- Name of the Fellow : **Ms. Aditi Mazumdar**
- Enrollment No. : 18416590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8860107108 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Aditi Mazumdar

Enrollment No. : 18416590025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

180

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
180	Ms. Anuja Saklani			Rs. 25000/-	

- Name of the Fellow : **Ms. Anuja Saklani**
- Enrollment No. : 18516590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8368184700 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Anuja Saklani**

Enrollment No. : **18516590025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
181

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
181	Ms. Shagun Lal			Rs. 25000/-	

- Name of the Fellow : **Ms. Shagun Lal**
- Enrollment No. : 18616590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8586935491 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

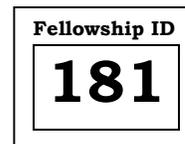
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Shagun Lal

Enrollment No. : 18616590025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

182

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
182	Ms. Pragya Agarwal			Rs. 25000/-	

- Name of the Fellow : **Ms. Pragya Agarwal**
- Enrollment No. : 18816590025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9560783892 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Pragya Agarwal

Enrollment No. : 18816590025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

183

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
183	Ms. Astha Chawla			Rs. 25000/-	

- Name of the Fellow : **Ms. Astha Chawla**
- Enrollment No. : 15816690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8077534566 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

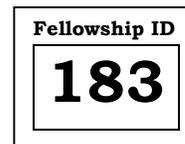
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Astha Chawla

Enrollment No. : 15816690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

184

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
184	Ms. Ishika Shokeen			Rs. 25000/-	

- Name of the Fellow : **Ms. Ishika Shokeen**
- Enrollment No. : 16616690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9318479184 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Ishika Shokeen

Enrollment No. : 16616690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

185

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
185	Ms. Agrima Menon			Rs. 25000/-	

- Name of the Fellow : **Ms. Agrima Menon**
- Enrollment No. : 16716690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9873538591 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

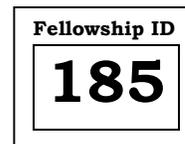
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Agrima Menon**

Enrollment No. : **16716690025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

186

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
186	Ms. Saba Parveen			Rs. 25000/-	

- Name of the Fellow : **Ms. Saba Parveen**
- Enrollment No. : 17016690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9315722943 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

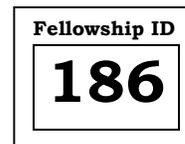
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Saba Parveen

Enrollment No. : 17016690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

187

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
187	Ms. Priyanka Solanki			Rs. 25000/-	

- Name of the Fellow : **Ms. Priyanka Solanki**
- Enrollment No. : 17216690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8448343525 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

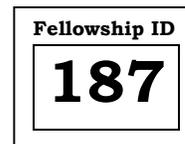
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Priyanka Solanki

Enrollment No. : 17216690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

188

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
188	Ms. Richa Jain			Rs. 25000/-	

- Name of the Fellow : **Ms. Richa Jain**
- Enrollment No. : 17316690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8755005094 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

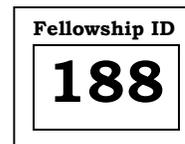
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Richa Jain

Enrollment No. : 17316690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

189

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
189	Ms. Apoorva Singh			Rs. 25000/-	

- Name of the Fellow : **Ms. Apoorva Singh**
- Enrollment No. : 918290025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USDI**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8076042847 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Apoorva Singh

Enrollment No. : 918290025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

190

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
190	Ms. Sara			Rs. 25000/-	

- Name of the Fellow : **Ms. Sara**
- Enrollment No. : 4569990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8750237821 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Sara
Enrollment No. : 4569990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

191

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
191	Ms. Kiran Sehrawat			Rs. 25000/-	

- Name of the Fellow : **Ms. Kiran Sehrawat**
- Enrollment No. : 4669990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9654453081 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Kiran Sehrawat

Enrollment No. : 4669990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

192

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
192	Ms. Shweta Sinha			Rs. 25000/-	

- Name of the Fellow : **Ms. Shweta Sinha**
- Enrollment No. : 5069990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9971430004 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Shweta Sinha

Enrollment No. : 5069990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

193

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
193	Ms. Priya Swami			Rs. 25000/-	

- Name of the Fellow : **Ms. Priya Swami**
- Enrollment No. : 5269990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8076211644 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Priya Swami

Enrollment No. : 5269990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

194

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
194	Ms. Priya Saxena			Rs. 25000/-	

- Name of the Fellow : **Ms. Priya Saxena**
- Enrollment No. : 5369990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7982003435 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Priya Saxena

Enrollment No. : 5369990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

195

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
195	Ms. Meenaxi			Rs. 25000/-	

- Name of the Fellow : **Ms. Meenaxi**
- Enrollment No. : 5469990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9991759196 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Meenaxi

Enrollment No. : 5469990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

196

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
196	Ms. Kajal Kumari			Rs. 25000/-	

- Name of the Fellow : **Ms. Kajal Kumari**
- Enrollment No. : 5569990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9811456405 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Kajal Kumari**
Enrollment No. : **5569990725**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

197

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
197	Mr. Alok Kumar			Rs. 25000/-	

- Name of the Fellow : **Mr. Alok Kumar**
- Enrollment No. : 5669990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9555550435 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Alok Kumar**

Enrollment No. : **5669990725**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

198

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
198	Mr. Atul Singh			Rs. 25000/-	

- Name of the Fellow : **Mr. Atul Singh**
- Enrollment No. : 5769990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8178610027 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Mr. Atul Singh

Enrollment No. : 5769990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

199

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
199	Ms. Bhavna			Rs. 25000/-	

- Name of the Fellow : **Ms. Bhavna**
- Enrollment No. : 5869990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8750594145 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Bhavna

Enrollment No. : 5869990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

200

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
200	Ms. Jyoti Chauhan			Rs. 25000/-	

- Name of the Fellow : **Ms. Jyoti Chauhan**
- Enrollment No. : 5969990725
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9050948565 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Jyoti Chauhan

Enrollment No. : 5969990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

201

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
201	Ms. Shradha			Rs. 25000/-	

- Name of the Fellow : **Ms. Shradha**
- Enrollment No. : 9321690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9212966930 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Shradha

Enrollment No. : 9321690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

202

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
202	Ms. Priyanshi			Rs. 25000/-	

- Name of the Fellow : **Ms. Priyanshi**
- Enrollment No. : 9421690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8295611079 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Priyanshi

Enrollment No. : 9421690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

203

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
203	Ms. Radhika Dhawan			Rs. 25000/-	

- Name of the Fellow : **Ms. Radhika Dhawan**
- Enrollment No. : 9521690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9667560790 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Radhika Dhawan**

Enrollment No. : **9521690025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

204

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
204	Ms. Amisha Verma			Rs. 25000/-	

- Name of the Fellow : **Ms. Amisha Verma**
- Enrollment No. : 9621690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7838306047 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Amisha Verma

Enrollment No. : 9621690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
205

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
205	Mr. Yash Raj Mishra			Rs. 25000/-	

- Name of the Fellow : **Mr. Yash Raj Mishra**
- Enrollment No. : 9721690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9213357101 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Mr. Yash Raj Mishra

Enrollment No. : 9721690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

206

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
206	Ms. Anushka Singh			Rs. 25000/-	

- Name of the Fellow : **Ms. Anushka Singh**
- Enrollment No. : 9821690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8595768051 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Anushka Singh

Enrollment No. : 9821690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

207

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
207	Ms. Gaurvi Malhotra			Rs. 25000/-	

- Name of the Fellow : **Ms. Gaurvi Malhotra**
- Enrollment No. : 9921690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9625161897 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Gaurvi Malhotra

Enrollment No. : 9921690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

208

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
208	Ms. Kajol Lama			Rs. 25000/-	

- Name of the Fellow : **Ms. Kajol Lama**
- Enrollment No. : 10321690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8076747264 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Kajol Lama**

Enrollment No. : **10321690025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

209

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
209	Ms. Himani			Rs. 25000/-	

- Name of the Fellow : **Ms. Himani**
- Enrollment No. : 10421690025
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8130087702 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Himani
Enrollment No. : 10421690025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

210

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
210	Ms. Kusum Jaswal			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **08916390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9560352541 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Ms. Kusum Jaswal**

Enrollment No. : **08916390025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

211

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
211	Ms. Semanti Deb			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **09016390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8130610988 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Ms. Semanti Deb**

Enrollment No. : **09016390025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

212

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
212	Mr. Ashutosh Sharma			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **09116390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8743909930 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Mr. Ashutosh Sharma**

Enrollment No. : **09116390025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

213

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
213	Ms. Gargi Rawat			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **09216390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9971363473 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Ms. Gargi Rawat

Enrollment No. : 09216390025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

214

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
214	Ms. Antara Pathak			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **09316390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 6204583443 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Ms. Antara Pathak**

Enrollment No. : **09316390025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
215

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
215	Mr. Rajnish Kerketta			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **28516490025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7042160862 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Mr. Rajnish Kerketta**

Enrollment No. : **28516490025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

216

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
216	Mr. Vineet Tokas			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **28616490025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9711996704 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Mr. Vineet Tokas

Enrollment No. : 28616490025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

217

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
217	Mr. Vedant Sirohi			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **03820390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8800448627 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Mr. Vedant Sirohi**

Enrollment No. : **03820390025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

218

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
218	Ms. Khushi Vats			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **03920390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9870504534 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Ms. Khushi Vats

Enrollment No. : 03920390025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
219

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
219	Ms. Arya Jha			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **04020390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9140374086 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Ms. Arya Jha

Enrollment No. : 04020390025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

220

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
220	Ms. Komal			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **04120390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9034592376 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Ms. Komal**
Enrollment No. : **04120390025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

221

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
221	Ms. Ankita Pandey			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **04220390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9953773172 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Ms. Ankita Pandey

Enrollment No. : 04220390025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

222

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
222	Ms. Oindrila Dasgupta			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **04320390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9971900114 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Ms. Oindrila Dasgupta

Enrollment No. : 04320390025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

223

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
223	Shaukin Choudhary			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **01419090025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USAR**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9568429000 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Shaukin Choudhary**

Enrollment No. : **01419090025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

224

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
224	Riya Kharwal			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **01619090025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USAR**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7827441853 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Riya Kharwal

Enrollment No. : 01619090025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

225

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
225	Sheetal Choudhary			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **01819090025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USAR**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9958473645 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : **Sheetal Choudhary**

Enrollment No. : **01819090025**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

226

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
226	Ms. Udisha Devi			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **05169990725**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 6388982235 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Ms. Udisha Devi

Enrollment No. : 05169990725

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

227

IUPF

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

ID.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
227	Ms. Neha Rani			Rs. 25000/-	

- Name of the Fellow : _____
- Enrollment No. : **00617390025**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USAP**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9518099831 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: 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 employed anywhere.

If as a result of 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 : _____

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of Director RDC with Stamp



Name of the Fellow : Ms. Neha Rani

Enrollment No. : 00617390025

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

2. I declare that I'll not change my Bank Account details once entered in the claim form for the entire duration of my Ph.D. as entered in the first month fellowship claim form.

Signature of the Research Fellow