



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

149

STRF - 2021

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

S.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.)
149	Ms. Jayita Biswas			Rs.15000/-	

- Name of the Fellow : **Ms. Jayita Biswas**
 - Enrollment No. : **90074050114**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8586800944 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

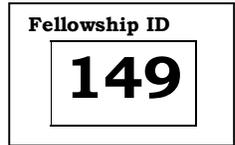
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Jayita Biswas

Enrollment No. : 90074050114

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

150

STRF - 2021

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

S.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.)
150	Ms. Sunita Bisht			Rs.15000/-	

- Name of the Fellow : **Ms. Sunita Bisht**
 - Enrollment No. : **90071051215**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7838724221 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 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

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Dated : _____

Signature of the Research Fellow

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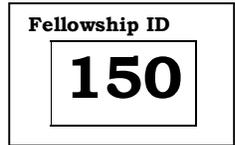
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sunita Bisht**
Enrollment No. : **90071051215**

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	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

151

STRF - 2021

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

S.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.)
151	Mr. Chindu Chandran			Rs.15000/-	

- Name of the Fellow : **Mr. Chindu Chandran**
 - Enrollment No. : **90061051215**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9654507705** 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 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

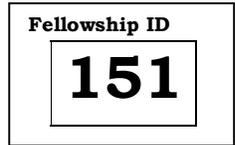
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Chindu Chandran**

Enrollment No. : **90061051215**

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	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

152

STRF - 2021

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

S.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.)
152	Ms. Sandhya Bhat			Rs.15000/-	

- Name of the Fellow : **Ms. Sandhya Bhat**
 - Enrollment No. : **90067051215**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9971000685 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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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. Sandhya Bhat
Enrollment No. : 90067051215

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

153

STRF - 2021

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

S.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.)
153	Mr. Rahul Sharma			Rs.15000/-	

- Name of the Fellow : **Mr. Rahul Sharma**
 - Enrollment No. : **90065051215**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7838451445 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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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.

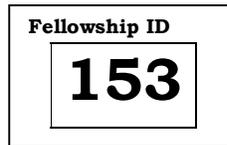
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Rahul Sharma**

Enrollment No. : **90065051215**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

154

STRF - 2021

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

S.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.)
154	Ms. Sugandh Singh			Rs.15000/-	

- Name of the Fellow : **Ms. Sugandh Singh**
 - Enrollment No. : **02316091117**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9911769083 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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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.

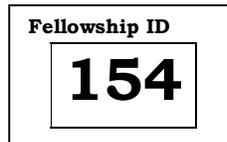
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sugandh Singh

Enrollment No. : 02316091117

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	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

155

STRF - 2021

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

S.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.)
155	Ms. Parneeta			Rs.15000/-	

- Name of the Fellow : **Ms. Parneeta**
- Enrollment No. : **02116091117**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : **9873858842** 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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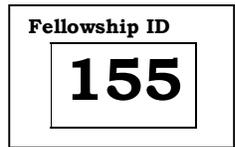
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Parneeta

Enrollment No. : 02116091117

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	

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Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

156

STRF - 2021

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

S.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.)
156	Ms. Neetu			Rs.15000/-	

- Name of the Fellow : **Ms. Neetu**
 - Enrollment No. : **90086091215**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8802207983 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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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.

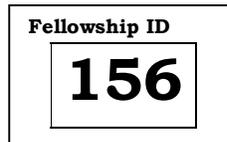
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Neetu
Enrollment No. : 90086091215

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

157

STRF - 2021

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

S.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.)
157	Ms. Aashima Bangia			Rs.15000/-	

- Name of the Fellow : **Ms. Aashima Bangia**
 - Enrollment No. : **00140894516**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9873208933 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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. Aashima Bangia

Enrollment No. : 00140894516

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

158

STRF - 2021

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

S.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.)
158	Ms. Varsha Duhoon			Rs.15000/-	

- Name of the Fellow : **Ms. Varsha Duhoon**
 - Enrollment No. : **00340894516**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8447469908 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

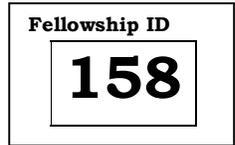
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Varsha Duhoon**

Enrollment No. : **00340894516**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

159

STRF - 2021

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

S.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.)
159	Ms. Saima Naz			Rs.15000/-	

- Name of the Fellow : **Ms. Saima Naz**
- Enrollment No. : **90088091215**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9654089254 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

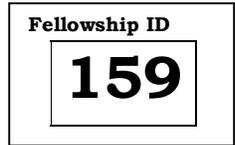
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Saima Naz

Enrollment No. : 90088091215

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

160

STRF - 2021

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

S.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.)
160	Ms. Garima Chanana			Rs.15000/-	

- Name of the Fellow : **Ms. Garima Chanana**
 - Enrollment No. : **02040890517**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9717204471 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

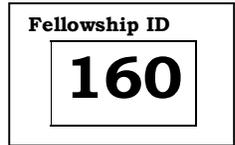
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Garima Chanana**

Enrollment No. : **02040890517**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

161

STRF - 2021

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

S.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.)
161	Ms. Tanuja Sharma			Rs.15000/-	

- Name of the Fellow : **Ms. Tanuja Sharma**
 - Enrollment No. : **02721690018**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8447460247 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

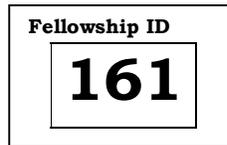
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Tanuja Sharma

Enrollment No. : 02721690018

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

162

STRF - 2021

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

S.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	Ms. Tanvi Garg			Rs.15000/-	

- Name of the Fellow : **Ms. Tanvi Garg**
 - Enrollment No. : **02921690018**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9871973385 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.
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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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

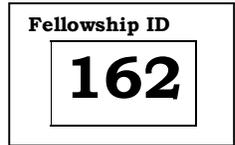
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Tanvi Garg**
Enrollment No. : **02921690018**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

163

STRF - 2021

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

S.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. Shivani Raj			Rs.15000/-	

- Name of the Fellow : **Ms. Shivani Raj**
 - Enrollment No. : **03516090019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9711411889 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.
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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

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.

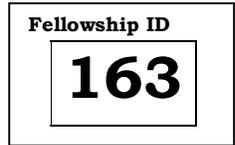
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Shivani Raj**
Enrollment No. : **03516090019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

164

STRF - 2021

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

S.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. Priya Jha			Rs.15000/-	

- Name of the Fellow : **Ms. Priya Jha**
 - Enrollment No. : **04540890019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9711063282 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

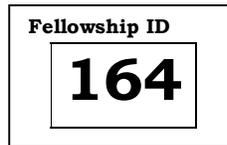
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 Jha**
Enrollment No. : **04540890019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

165

STRF - 2021

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

S.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. Deepika Gupta			Rs.15000/-	

- Name of the Fellow : **Ms. Deepika Gupta**
 - Enrollment No. : **04040890019**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9988023089 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

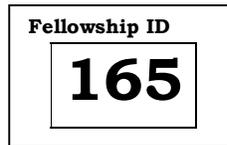
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Deepika Gupta

Enrollment No. : 04040890019

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

166

STRF - 2021

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

S.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. Anjali Saini			Rs.15000/-	

- Name of the Fellow : **Ms. Anjali Saini**
 - Enrollment No. : **03940890019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8569912795 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

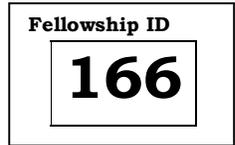
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Anjali Saini

Enrollment No. : 03940890019

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

167

STRF - 2021

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

S.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. Neshtha Dev			Rs.15000/-	

- Name of the Fellow : **Ms. Neshtha Dev**
 - Enrollment No. : **04340890019**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9412425551 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.
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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

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

Dated : _____

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.

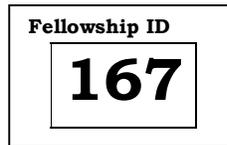
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Neshtha Dev**
Enrollment No. : **04340890019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

168

STRF - 2021

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

S.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. Kanika Tyagi			Rs.15000/-	

- Name of the Fellow : **Ms. Kanika Tyagi**
 - Enrollment No. : **05616590019**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9958843595 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

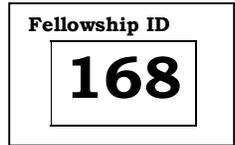
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Kanika Tyagi

Enrollment No. : 05616590019

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

169

STRF - 2021

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

S.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	Divya Singh			Rs.15000/-	

- Name of the Fellow : **Divya Singh**
 - Enrollment No. : **03716390020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9250358468 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

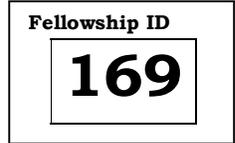
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Divya Singh**
Enrollment No. : **03716390020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

170

STRF - 2021

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

S.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	Pragya Pandey			Rs.15000/-	

- Name of the Fellow : **Pragya Pandey**
 - Enrollment No. : **03816390020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7651823305 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

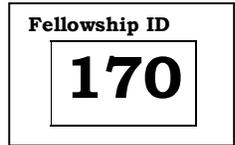
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Pragya Pandey**

Enrollment No. : **03816390020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

171

STRF - 2021

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

S.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	Diksha			Rs.15000/-	

- Name of the Fellow : **Diksha**
 - Enrollment No. : **04016390020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7988561221 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.
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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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

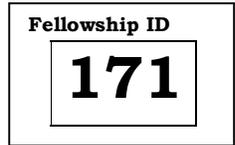
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Diksha**
Enrollment No. : **04016390020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

172

STRF - 2021

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

S.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	Neeraj			Rs.15000/-	

- Name of the Fellow : **Neeraj**
 - Enrollment No. : **04316390020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8178353268 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

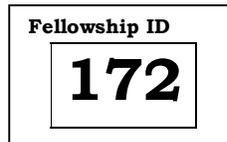
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Neeraj**
Enrollment No. : **04316390020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

173

STRF - 2021

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

S.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	Shanky Garg			Rs.15000/-	

- Name of the Fellow : **Shanky Garg**
 - Enrollment No. : **05240890020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8585911601 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

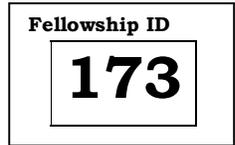
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Shanky Garg**
Enrollment No. : **05240890020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

174

STRF - 2021

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

S.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	Mansi			Rs.15000/-	

- Name of the Fellow : **Mansi**
 - Enrollment No. : **05640890020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9416045888 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

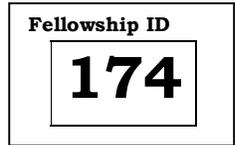
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Mansi**
Enrollment No. : **05640890020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

175

STRF - 2021

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

S.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	Shailja Pandey			Rs.15000/-	

- Name of the Fellow : **Shailja Pandey**
 - Enrollment No. : **06040890020**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9999160915 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

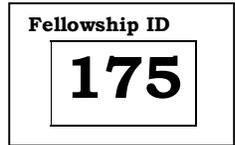
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Shailja Pandey**

Enrollment No. : **06040890020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

176

STRF - 2021

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

S.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	Rahul Rana			Rs.15000/-	

- Name of the Fellow : **Rahul Rana**
 - Enrollment No. : **04321690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9555573927** 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

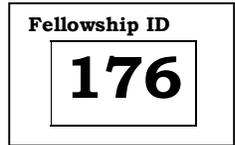
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Rahul Rana**
Enrollment No. : **04321690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

177

STRF - 2021

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

S.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	Harshita Pandey			Rs.15000/-	

- Name of the Fellow : **Harshita Pandey**
 - Enrollment No. : **04521690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9873943539** 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

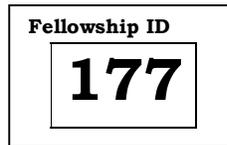
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Harshita Pandey**

Enrollment No. : **04521690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

178

STRF - 2021

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

S.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	Prerna Pawar			Rs.15000/-	

- Name of the Fellow : **Prerna Pawar**
 - Enrollment No. : **04621690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9990445151 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

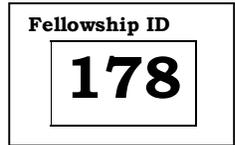
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : Prerna Pawar
Enrollment No. : 04621690020

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

179

STRF - 2021

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

S.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	Shivani Duggal			Rs.15000/-	

- Name of the Fellow : **Shivani Duggal**
 - Enrollment No. : **04721690020**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8447775502 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

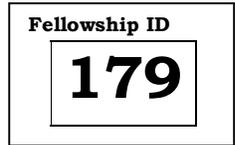
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Shivani Duggal**

Enrollment No. : **04721690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

180

STRF - 2021

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

S.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	Poorva Gulati			Rs.15000/-	

- Name of the Fellow : **Poorva Gulati**
 - Enrollment No. : **04821690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9971642553 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

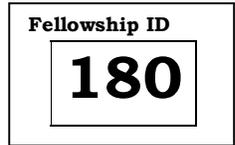
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Poorva Gulati**
Enrollment No. : **04821690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

181

STRF - 2021

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

S.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	Sowmya Gulati			Rs.15000/-	

- Name of the Fellow : **Sowmya Gulati**
 - Enrollment No. : **04921690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9818232727** 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

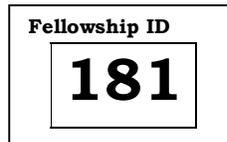
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Sowmya Gulati**

Enrollment No. : **04921690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

182

STRF - 2021

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

S.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	Tanushree			Rs.15000/-	

- Name of the Fellow : **Tanushree**
 - Enrollment No. : **05021690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9958160828 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

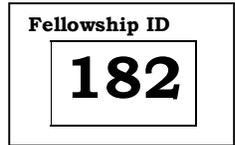
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Tanushree**
Enrollment No. : **05021690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

183

STRF - 2021

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

S.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	Asma Rizvi			Rs.15000/-	

- Name of the Fellow : **Asma Rizvi**
 - Enrollment No. : **06816590020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9455055636 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

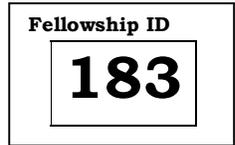
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Asma Rizvi**
Enrollment No. : **06816590020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

184

STRF - 2021

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

S.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	Niimisha Kaul			Rs.15000/-	

- Name of the Fellow : **Niimisha Kaul**
 - Enrollment No. : **06916590020**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9811347570 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

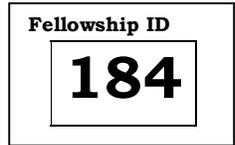
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Niimisha Kaul**
Enrollment No. : **06916590020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

185

STRF - 2021

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

S.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	Suhasini			Rs.15000/-	

- Name of the Fellow : **Suhasini**
 - Enrollment No. : **07016590020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8290440142 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

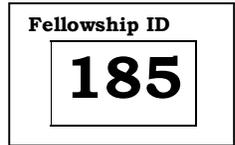
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Suhasini**
Enrollment No. : **07016590020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

186

STRF - 2021

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

S.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	Abhishek Khanna			Rs.15000/-	

- Name of the Fellow : **Abhishek Khanna**
 - Enrollment No. : **07616590020**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9953432792 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

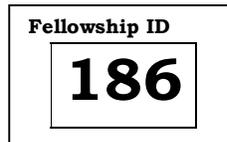
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Abhishek Khanna**

Enrollment No. : **07616590020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

187

STRF - 2021

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

S.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	Sakshi Chadha			Rs.15000/-	

- Name of the Fellow : **Sakshi Chadha**
 - Enrollment No. : **02369990720**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USE**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9312271908 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

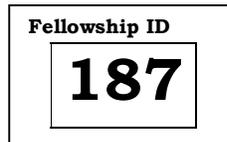
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : Sakshi Chadha

Enrollment No. : 02369990720

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

188

STRF - 2021

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

S.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	Anandee Chakrabarti			Rs.15000/-	

- Name of the Fellow : **Anandee Chakrabarti**
 - Enrollment No. : **07016690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9650778288** 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

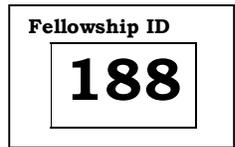
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Anandee Chakrabarti**

Enrollment No. : **07016690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

189

STRF - 2021

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

S.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	Anushka Goel			Rs.15000/-	

- Name of the Fellow : **Anushka Goel**
 - Enrollment No. : **07316690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9953901448 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

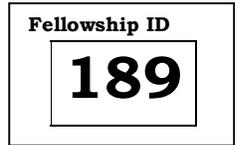
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Anushka Goel**

Enrollment No. : **07316690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

190

STRF - 2021

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

S.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	Amrisha Ranjan			Rs.15000/-	

- Name of the Fellow : **Amrisha Ranjan**
 - Enrollment No. : **16416490020**
 - 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 : 8744857304 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

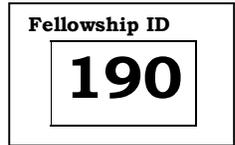
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Amrisha Ranjan**

Enrollment No. : **16416490020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

191

STRF - 2021

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

S.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	B Jyothi			Rs.15000/-	

- Name of the Fellow : **B Jyothi**
 - Enrollment No. : **16716490020**
 - 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 : 9885982498 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

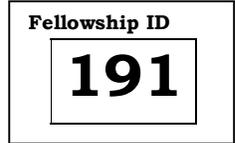
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **B Jyothi**
Enrollment No. : **16716490020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

192

STRF - 2021

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

S.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	Sourabh Anand			Rs.15000/-	

- Name of the Fellow : **Sourabh Anand**
 - Enrollment No. : **17216490020**
 - 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 : 9818436192 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

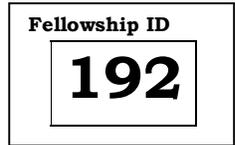
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Sourabh Anand**

Enrollment No. : **17216490020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

193

STRF - 2021

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

S.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	Ashish			Rs.15000/-	

- Name of the Fellow : **Ashish**
 - Enrollment No. : **18316490020**
 - 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 : 8800110345 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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 : **Ashish**
Enrollment No. : **18316490020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

194

STRF - 2021

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

S.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	Indrajit Khandai			Rs.15000/-	

- Name of the Fellow : **Indrajit Khandai**
 - Enrollment No. : **00126390020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **CDMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9818698545 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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 : **Indrajit Khandai**

Enrollment No. : **00126390020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

195

STRF - 2021

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

S.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	Aprajita			Rs.15000/-	

- Name of the Fellow : **Aprajita**
 - Enrollment No. : **04916090020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9177391971** 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

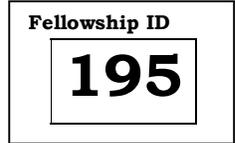
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Aprajita**
Enrollment No. : **04916090020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

196

STRF - 2021

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

S.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. Srishti Solanki			Rs.25000/-	

- Name of the Fellow : **Ms. Srishti Solanki**
 - Enrollment No. : **90070051215**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9654660223 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

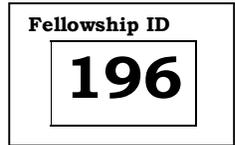
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Srishti Solanki

Enrollment No. : 90070051215

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

197

STRF - 2021

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

S.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	Ms. Nipra Sharma			Rs.25000/-	

- Name of the Fellow : **Ms. Nipra Sharma**
 - Enrollment No. : **01816391017**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9999180108 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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. Nipra Sharma

Enrollment No. : 01816391017

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

198

STRF - 2021

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

S.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	Ms. Aditi Bisht			Rs.25000/-	

- Name of the Fellow : **Ms. Aditi Bisht**
 - Enrollment No. : **01940890517**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9717871808 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

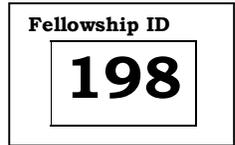
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 Bisht

Enrollment No. : 01940890517

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

199

STRF - 2021

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

S.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. Savita Rani			Rs.25000/-	

- Name of the Fellow : **Ms. Savita Rani**
 - Enrollment No. : **02240890517**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8860768201 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

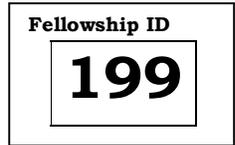
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Savita Rani

Enrollment No. : 02240890517

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

200

STRF - 2021

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

S.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. Gagan Deep Kour			Rs.25000/-	

- Name of the Fellow : **Ms. Gagan Deep Kour**
 - Enrollment No. : **03816590018**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9873058073** 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

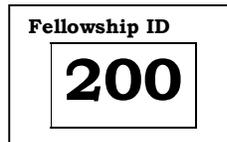
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Gagan Deep Kour**

Enrollment No. : **03816590018**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

201

STRF - 2021

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

S.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. Prerna Pandey			Rs.25000/-	

- Name of the Fellow : **Ms. Prerna Pandey**
 - Enrollment No. : **02916090018**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8375812381 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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. Prerna Pandey

Enrollment No. : 02916090018

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

202

STRF - 2021

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

S.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. Priyanka Verma			Rs.25000/-	

- Name of the Fellow : **Ms. Priyanka Verma**
 - Enrollment No. : **90064051215**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8377855489 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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 Verma

Enrollment No. : 90064051215

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

203

STRF - 2021

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

S.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	Mr. Kunal			Rs.25000/-	

- Name of the Fellow : **Mr. Kunal**
 - Enrollment No. : **03140890018**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8700238244 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

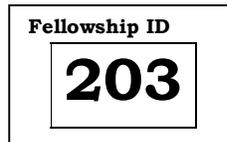
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Kunal**
Enrollment No. : **03140890018**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

204

STRF - 2021

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

S.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. Tamanna			Rs.25000/-	

- Name of the Fellow : **Ms. Tamanna**
 - Enrollment No. : **02816390019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8396062278 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

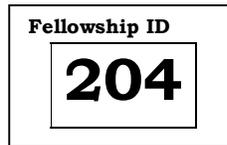
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Tamanna**
Enrollment No. : **02816390019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

205

STRF - 2021

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

S.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	Ms. Tanu Prakash			Rs.25000/-	

- Name of the Fellow : **Ms. Tanu Prakash**
 - Enrollment No. : **03216390019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8527679618 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.
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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

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.

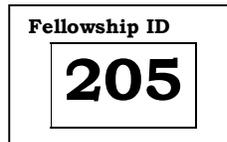
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Tanu Prakash**

Enrollment No. : **03216390019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

206

STRF - 2021

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

S.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. Arushi Jha			Rs.25000/-	

- Name of the Fellow : **Ms. Arushi Jha**
 - Enrollment No. : **03016390019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9654470685 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

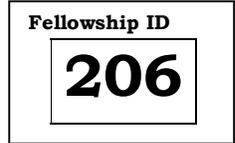
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Arushi Jha**
Enrollment No. : **03016390019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

207

STRF - 2021

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

S.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. Sadhna Devi Kaliramna			Rs.25000/-	

- Name of the Fellow : **Ms. Sadhna Devi Kaliramna**
- Enrollment No. : **04440890019**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8398803757 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

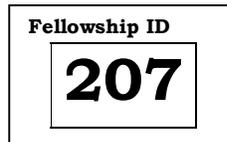
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sadhna Devi Kaliramna

Enrollment No. : 04440890019

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

208

STRF - 2021

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

S.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. Sabita Rangra			Rs.25000/-	

- Name of the Fellow : **Ms. Sabita Rangra**
 - Enrollment No. : **03616090019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7503126746 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.
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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

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. Sabita Rangra**

Enrollment No. : **03616090019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

209

STRF - 2021

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

S.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. Kanika Khoba			Rs.25000/-	

- Name of the Fellow : **Ms. Kanika Khoba**
 - Enrollment No. : **03916090019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7503364999 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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. Kanika Khoba**

Enrollment No. : **03916090019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

210

STRF - 2021

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

S.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. Richa Singh			Rs.25000/-	

- Name of the Fellow : **Ms. Richa Singh**
 - Enrollment No. : **15616490019**
 - 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 : 9045091765 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

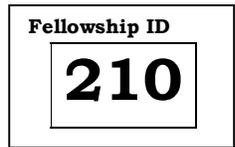
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 Singh

Enrollment No. : 15616490019

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

211

STRF - 2021

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

S.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. Komal Chauhan			Rs.25000/-	

- Name of the Fellow : **Ms. Komal Chauhan**
 - Enrollment No. : **04916590019**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9971252185 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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. Komal Chauhan**

Enrollment No. : **04916590019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

212

STRF - 2021

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

S.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. Pankaj			Rs.25000/-	

- Name of the Fellow : **Mr. Pankaj**
 - Enrollment No. : **05216590019**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9650396319** 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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. Pankaj**
Enrollment No. : **05216590019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

213

STRF - 2021

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

S.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. Kanchan			Rs.25000/-	

- Name of the Fellow : **Ms. Kanchan**
 - Enrollment No. : **04240890019**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9873047882 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

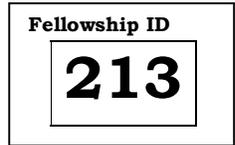
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Kanchan**
Enrollment No. : **04240890019**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

214

STRF - 2021

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

S.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	Gourav Arora			Rs.25000/-	

- Name of the Fellow : **Gourav Arora**
 - Enrollment No. : **05540890020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9671901706 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

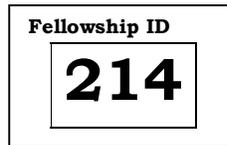
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Gourav Arora**
Enrollment No. : **05540890020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

215

STRF - 2021

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

S.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	Saurav Kumar Maity			Rs.25000/-	

- Name of the Fellow : **Saurav Kumar Maity**
 - Enrollment No. : **05940890020**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8860048773 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

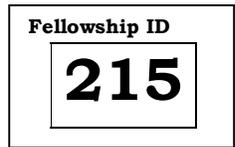
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : Saurav Kumar Maity

Enrollment No. : 05940890020

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

216

STRF - 2021

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

S.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	Shilpa			Rs.25000/-	

- Name of the Fellow : **Shilpa**
 - Enrollment No. : **06140890020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9728180670 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

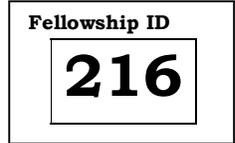
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Shilpa**
Enrollment No. : **06140890020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

217

STRF - 2021

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

S.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	Alka Singh			Rs.25000/-	

- Name of the Fellow : **Alka Singh**
 - Enrollment No. : **06240890020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9991093383 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

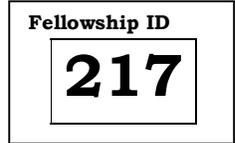
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Alka Singh**
Enrollment No. : **06240890020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

218

STRF - 2021

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

S.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	Saurav Kumar Rawat			Rs.25000/-	

- Name of the Fellow : **Saurav Kumar Rawat**
 - Enrollment No. : **06340890020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9808050301 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

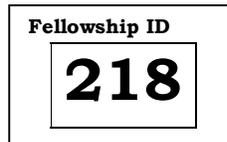
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Saurav Kumar Rawat**

Enrollment No. : **06340890020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

219

STRF - 2021

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

S.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	Simran Mittal			Rs.25000/-	

- Name of the Fellow : **Simran Mittal**
 - Enrollment No. : **04421690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7503303666 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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 : **Simran Mittal**

Enrollment No. : **04421690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

220

STRF - 2021

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

S.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	Aabha Sagar			Rs.25000/-	

- Name of the Fellow : **Aabha Sagar**
 - Enrollment No. : **07216590020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9953201333 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

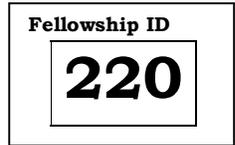
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Aabha Sagar**
Enrollment No. : **07216590020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

221

STRF - 2021

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

S.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	Apeksha Singh			Rs.25000/-	

- Name of the Fellow : **Apeksha Singh**
 - Enrollment No. : **07916590020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9810578159 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

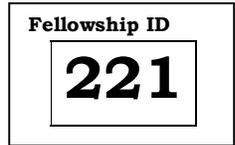
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Apeksha Singh**

Enrollment No. : **07916590020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

222

STRF - 2021

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

S.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	Richi Pahuja			Rs.25000/-	

- Name of the Fellow : **Richi Pahuja**
 - Enrollment No. : **02569990720**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USE**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8279769632 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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 : **Richi Pahuja**
Enrollment No. : **02569990720**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

223

STRF - 2021

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

S.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	Surbhi Mahendru			Rs.25000/-	

- Name of the Fellow : **Surbhi Mahendru**
 - Enrollment No. : **07216690020**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9873902558 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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 : **Surbhi Mahendru**

Enrollment No. : **07216690020**

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

224

STRF - 2021

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

S.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	Akansha Singh			Rs.25000/-	

- Name of the Fellow : **Akansha Singh**
 - Enrollment No. : **17516490020**
 - 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 : 9205959710 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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 : Akansha Singh
Enrollment No. : 17516490020

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.

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

225

STRF - 2021

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

S.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	Arshi Husain			Rs.25000/-	

- Name of the Fellow : **Arshi Husain**
 - Enrollment No. : **17916490020**
 - 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 : 8802198542 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.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

If as a result of 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.

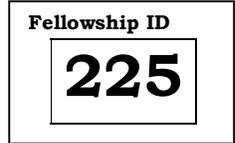
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Arshi Husain**
Enrollment No. : **17916490020**

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.

Signature of the Research Fellow