



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drcggsipu@gmail.com

PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP (IPRF/ STRF: _____)

as a (JRF /SRF/ RA/ PDF/ _____) Tick mark (✓) whichever is applicable

1. Name of the Fellow : _____
2. Residential Address : _____
: _____
: _____
3. Mobile No. & Email ID : _____ Email: _____
4. Award Letter Number and date : _____
5. Name of the School : _____
6. Name of the Supervisor (s) : _____
7. Month/Period of fellowship Claimed : _____ 20..... / from : _____ to _____
8. Amount (in Rs.) : _____ (in words): _____
9. Bank Account Details
Name of the Bank: _____
Address of the Bank _____
Bank Account No. _____
IFSC Code : _____

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 2 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : _____

Not required
if the cash
deposited in
the Bank

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.

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