



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

226

STRF

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.)
226	Ms. Kriti Singh			Rs.25000/-	

- Name of the Fellow : **Ms. Kriti Singh**
 - Enrollment No. : **00116190616**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USCT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8800749307 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.

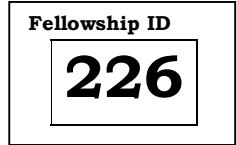
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Kriti Singh**
Enrollment No. : **00116190616**

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



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Fellowship ID

227

STRF

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.)
227	Mr. Manpreet Singh			Rs.25000/-	

- Name of the Fellow : **Mr. Manpreet Singh**
 - Enrollment No. : **14916490019**
 - 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 : 7292036505 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

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- ❖ I am not employed anywhere.
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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.

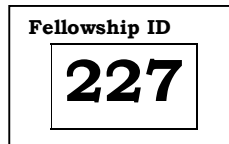
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Mr. Manpreet Singh**

Enrollment No. : **14916490019**

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

228

STRF

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.)
228	Ms. Ruchika			Rs.25000/-	

- Name of the Fellow : **Ms. Ruchika**
 - Enrollment No. : **07716494016**
 - 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 : 9810084944 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.
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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.

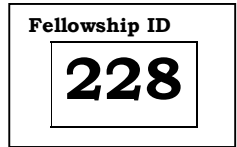
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Ruchika**
Enrollment No. : **07716494016**

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



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

Fellowship ID

229

STRF

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.)
229	Mr. Ashwani Kumar			Rs.15000/-	

- Name of the Fellow : **Mr. Ashwani Kumar**
 - Enrollment No. : **90077091215**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7503279191 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.

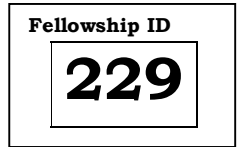
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Mr. Ashwani Kumar**

Enrollment No. : **90077091215**

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

230

STRF

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.)
230	Parul Ahuja			Rs.25000/-	

- Name of the Fellow : **Parul Ahuja**
 - Enrollment No. : **02216690917**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7503787426 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

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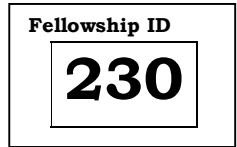
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Parul Ahuja**
Enrollment No. : **02216690917**

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

231

STRF

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.)
231	Ms. Shalini Pandey			Rs.15000/-	

- Name of the Fellow : **Ms. Shalini Pandey**
 - Enrollment No. : **06440890021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8707042347 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.

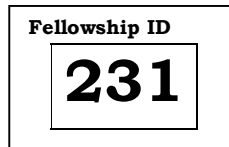
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Shalini Pandey

Enrollment No. : 06440890021

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

232

STRF

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.)
232	Ms. Neeta Bisht			Rs.15000/-	

- Name of the Fellow : **Ms. Neeta Bisht**
 - Enrollment No. : **06540890021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9130562445 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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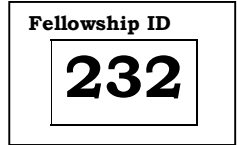
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Neeta Bisht
Enrollment No. : 06540890021

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

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STRF

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.)
233	Ms. Kajal			Rs.25000/-	

- Name of the Fellow : **Ms. Kajal**
 - Enrollment No. : **06640890021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9812373695 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.

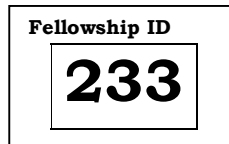
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Ms. Kajal**
Enrollment No. : **06640890021**

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

234

STRF

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.)
234	Ms. Priya			Rs.25000/-	

- Name of the Fellow : **Ms. Priya**
 - Enrollment No. : **06840890021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8950183028 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.

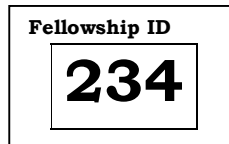
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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
Enrollment No. : 06840890021

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

235

STRF

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.)
235	Ms. Jyoti Dahiya			Rs.15000/-	

- Name of the Fellow : **Ms. Jyoti Dahiya**
 - Enrollment No. : **07040890021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7982612039 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.

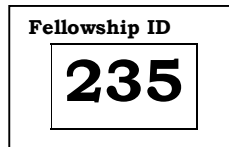
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Jyoti Dahiya

Enrollment No. : 07040890021

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

236

STRF

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.)
236	Ms. Akanksha			Rs.15000/-	

- Name of the Fellow : **Ms. Akanksha**
 - Enrollment No. : **07140890021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7988103930 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.

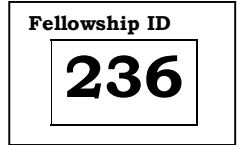
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Akanksha

Enrollment No. : 07140890021

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

237

STRF

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.)
237	Mr. Allen Roney Ranjan			Rs.15000/-	

- Name of the Fellow : **Mr. Allen Roney Ranjan**
 - Enrollment No. : **07240890021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9871795804 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. Allen Roney Ranjan**

Enrollment No. : **07240890021**

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

238

STRF

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.)
238	Ms. Simrandeep kaur			Rs.15000/-	

- Name of the Fellow : **Ms. Simrandeep kaur**
 - Enrollment No. : **07540890021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9582461544** 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.

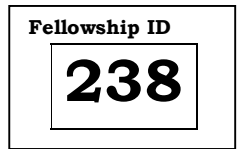
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Simrandeep kaur

Enrollment No. : 07540890021

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

239

STRF

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.)
239	Mr. Diwakar Vikram Singh			Rs.25000/-	

- Name of the Fellow : **Mr. Diwakar Vikram Singh**
 - Enrollment No. : **05016390021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9118064099 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
- ❖ 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.

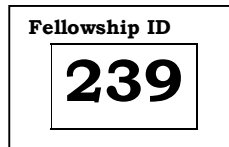
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Diwakar Vikram Singh**

Enrollment No. : **05016390021**

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

240

STRF

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.)
240	Mr. Sidharth Narayan Borah			Rs.25000/-	

- Name of the Fellow : **Mr. Sidharth Narayan Borah**
- Enrollment No. : **05116390021**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 6000839754 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.
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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.

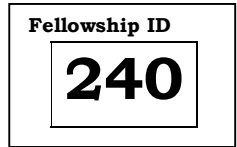
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Mr. Sidharth Narayan Borah**

Enrollment No. : **05116390021**

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

241

STRF

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.)
241	Ms. Peimi Lungleng			Rs.25000/-	

- Name of the Fellow : **Ms. Peimi Lungleng**
 - Enrollment No. : **05516390021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9643491876 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.

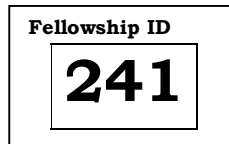
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Peimi Lungleng

Enrollment No. : 05516390021

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

242

STRF

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.)
242	Ms. Taruna			Rs.15000/-	

- Name of the Fellow : **Ms. Taruna**
 - Enrollment No. : **05716390021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8826552292 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.

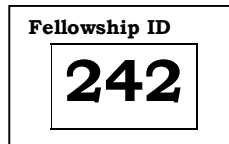
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Taruna**
Enrollment No. : **05716390021**

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

243

STRF

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.)
243	Mr. Tarun Joshi			Rs.25000/-	

- Name of the Fellow : **Mr. Tarun Joshi**
 - Enrollment No. : **01820390021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMC**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9625492804 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.

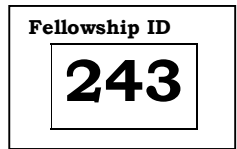
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Tarun Joshi**
Enrollment No. : **01820390021**

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

244

STRF

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.)
244	Ms. Shikha Shalini			Rs.25000/-	

- Name of the Fellow : **Ms. Shikha Shalini**
 - Enrollment No. : **02020390021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMC**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9958324722** 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.

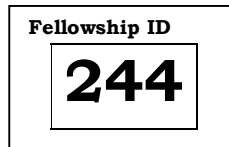
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Shikha Shalini**

Enrollment No. : **02020390021**

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

245

STRF

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.)
245	Mr. Ahmad Ishtiaque Tapadar			Rs.25000/-	

- Name of the Fellow : **Mr. Ahmad Ishtiaque Tapadar**
- Enrollment No. : **05421690021**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8749974254 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.

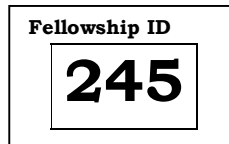
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Ahmad Ishtiaque Tapadar**

Enrollment No. : **05421690021**

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

246

STRF

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.)
246	Mr. Suryakant Yadav			Rs.25000/-	

- Name of the Fellow : **Mr. Suryakant Yadav**
 - Enrollment No. : **05521690021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8299512939 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.

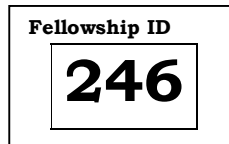
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Suryakant Yadav

Enrollment No. : 05521690021

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

247

STRF

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.)
247	Ms. Neha Mandhotra			Rs.15000/-	

- Name of the Fellow : **Ms. Neha Mandhotra**
 - Enrollment No. : **05621690021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8010230045 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.

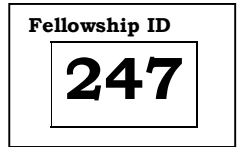
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Neha Mandhotra

Enrollment No. : 05621690021

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

248

STRF

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.)
248	Ms. Tripti Aggarwal			Rs.25000/-	

- Name of the Fellow : **Ms. Tripti Aggarwal**
 - Enrollment No. : **05721690021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9650298172 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.

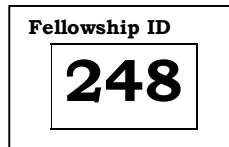
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Tripti Aggarwal**

Enrollment No. : **05721690021**

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

249

STRF

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.)
249	Ms. Mansi			Rs.15000/-	

- Name of the Fellow : **Ms. Mansi**
 - Enrollment No. : **05821690021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9717523158 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.

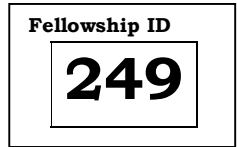
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Mansi**
Enrollment No. : **05821690021**

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

250

STRF

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.)
250	Ms. Mitali Bhattacharya			Rs.15000/-	

- Name of the Fellow : **Ms. Mitali Bhattacharya**
 - Enrollment No. : **06021690021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9818119048 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.

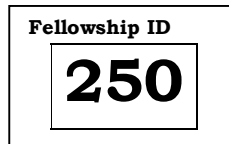
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Mitali Bhattacharya

Enrollment No. : 06021690021

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

251

STRF

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.)
251	Ms. Sapan Saloni			Rs.15000/-	

- Name of the Fellow : **Ms. Sapan Saloni**
 - Enrollment No. : **06121690021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7992317322 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.

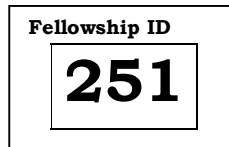
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sapan Saloni**

Enrollment No. : **06121690021**

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

252

STRF

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.)
252	Ms. Sada			Rs.25000/-	

- Name of the Fellow : **Ms. Sada**
 - Enrollment No. : **06221690021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7042380692 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.

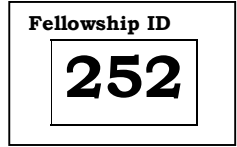
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sada**
Enrollment No. : **06221690021**

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

253

STRF

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.)
253	Mr. Yash Goswami			Rs.15000/-	

- Name of the Fellow : **Mr. Yash Goswami**
 - Enrollment No. : **06321690021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9420969052 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.

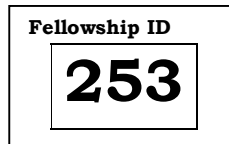
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Yash Goswami**

Enrollment No. : **06321690021**

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
254

STRF

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.)
254	Ms. Vidushi Dabas			Rs.25000/-	

- Name of the Fellow : **Ms. Vidushi Dabas**
 - Enrollment No. : **08816690021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9540411193 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.

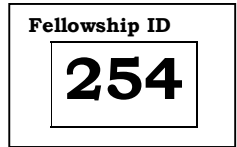
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Vidushi Dabas

Enrollment No. : 08816690021

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

255

STRF

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.)
255	Mr. Parashuram			Rs.25000/-	

- Name of the Fellow : **Mr. Parashuram**
 - Enrollment No. : **19316490021**
 - 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 : **9650956799** 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.

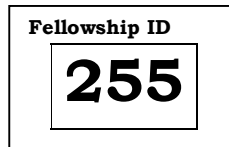
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Parashuram**
Enrollment No. : **19316490021**

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

256

STRF

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.)
256	Mr. Manvendra Singh			Rs.15000/-	

- Name of the Fellow : **Mr. Manvendra Singh**
 - Enrollment No. : **19516490021**
 - 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 : 8700812344 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.

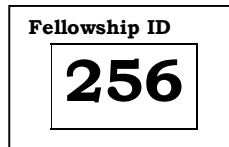
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Manvendra Singh

Enrollment No. : 19516490021

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

257

STRF

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.)
257	Ms. Isha			Rs.25000/-	

- Name of the Fellow : **Ms. Isha**
 - Enrollment No. : **19816490021**
 - 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 : **9588721995** 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.

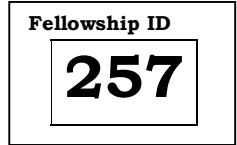
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Isha**
Enrollment No. : **19816490021**

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

258

STRF

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.)
258	Mr. Lalit Kr. Narayan			Rs.25000/-	

- Name of the Fellow : **Mr. Lalit Kr. Narayan**
 - Enrollment No. : **20216490021**
 - 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 : 9871125104 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.

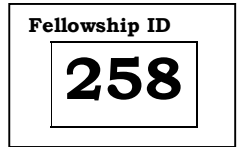
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : Mr. Lalit Kr. Narayan

Enrollment No. : 20216490021

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

259

STRF

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.)
259	Mr. Krishan Kumar			Rs.25000/-	

- Name of the Fellow : **Mr. Krishan Kumar**
 - Enrollment No. : **20816490021**
 - 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 : 8708526186 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.

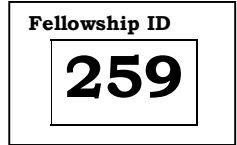
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Krishan Kumar**
Enrollment No. : **20816490021**

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

260

STRF

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.)
260	Ms. Shivani Lahoti			Rs.25000/-	

- Name of the Fellow : **Ms. Shivani Lahoti**
 - Enrollment No. : **08416590021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9582193509** 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.

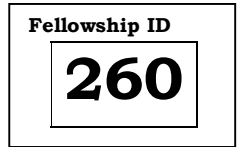
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Shivani Lahoti

Enrollment No. : 08416590021

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

261

STRF

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.)
261	Ms. Udhaya Karthika			Rs.15000/-	

- Name of the Fellow : **Ms. Udhaya Karthika**
 - Enrollment No. : **08516590021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9773857760** Email: _____
 - Award Letter No. & date(**Copy Attached**) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
- ❖ 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.

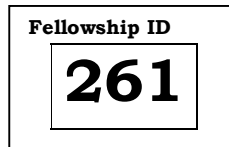
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Udhaya Karthika

Enrollment No. : 08516590021

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

262

STRF

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.)
262	Ms. Shireen Singh			Rs.25000/-	

- Name of the Fellow : **Ms. Shireen Singh**
 - Enrollment No. : **08616590021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9315171606 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

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.

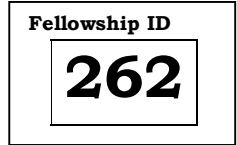
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Shireen Singh

Enrollment No. : 08616590021

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

263

STRF

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.)
263	Ms. Pragya Gupta			Rs.15000/-	

- Name of the Fellow : **Ms. Pragya Gupta**
 - Enrollment No. : **08716590021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8800562283 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.

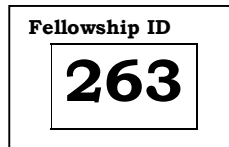
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Pragma Gupta

Enrollment No. : 08716590021

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

264

STRF

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.)
264	Ms. Anindya Prosad Konar			Rs.25000/-	

- Name of the Fellow : **Ms. Anindya Prosad Konar**
 - Enrollment No. : **09016590021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9064084192 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.

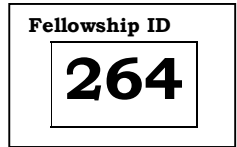
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Anindya Prosad Konar**
Enrollment No. : **09016590021**

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

265

STRF

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.)
265	Ms. Shabana Khan			Rs.15000/-	

- Name of the Fellow : **Ms. Shabana Khan**
 - Enrollment No. : **09216590021**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9315529846 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.

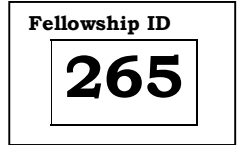
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Shabana Khan

Enrollment No. : 09216590021

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

266

STRF

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.)
266	Ms. Darshika Singh			Rs.25000/-	

- Name of the Fellow : **Ms. Darshika Singh**
 - Enrollment No. : **01416091117**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBT**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9891990092 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.

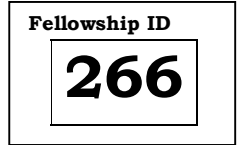
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Darshika Singh

Enrollment No. : 01416091117

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

267

STRF

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.)
267	Ms. Nikita Wadhwa			Rs.25000/-	

- Name of the Fellow : **Ms. Nikita Wadhwa**
- Enrollment No. : **01316091117**
- Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : **9810247382** 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.

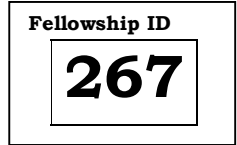
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Nikita Wadhwa

Enrollment No. : 01316091117

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

268

STRF

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.)
268	Ms. Anuja			Rs.25000/-	

- Name of the Fellow : **Ms. Anuja**
 - Enrollment No. : **01116391017**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9873443299 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.

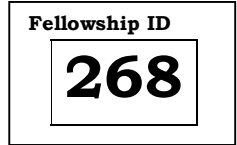
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Anuja**
Enrollment No. : **01116391017**

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

269

STRF

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.)
269	Mr. Deepesh Goyal			Rs.25000/-	

- Name of the Fellow : **Mr. Deepesh Goyal**
 - Enrollment No. : **01216391017**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8299025267 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.

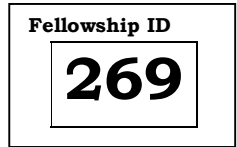
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Mr. Deepesh Goyal**

Enrollment No. : **01216391017**

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

270

STRF

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.)
270	Ms. Khushboo Randhawa			Rs.25000/-	

- Name of the Fellow : **Ms. Khushboo Randhawa**
 - Enrollment No. : **02316390018**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8920640466 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.

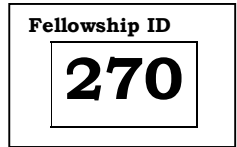
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Khushboo Randhawa**
Enrollment No. : **02316390018**

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

271

STRF

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.)
271	Mr. Abhishek Tiwari			Rs.25000/-	

- Name of the Fellow : **Mr. Abhishek Tiwari**
 - Enrollment No. : **01740890517**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9958392049 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.

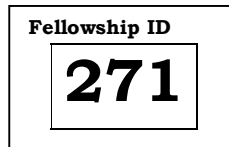
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Abhishek Tiwari**

Enrollment No. : **01740890517**

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

272

STRF

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.)
272	Ms. Annu Kumari			Rs.25000/-	

- Name of the Fellow : **Ms. Annu Kumari**
 - Enrollment No. : **08116690021**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9911404343 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.

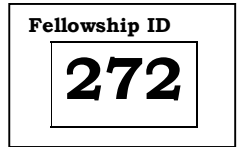
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Annu Kumari**
Enrollment No. : **08116690021**

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

273

STRF

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.)
273	Mr. Vaibhav Kannojiya			Rs.25000/-	

- Name of the Fellow : **Mr. Vaibhav Kannojiya**
 - Enrollment No. : **18816490020**
 - 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 : 9636977276 Email: _____
 - Award Letter No. & date(**Copy Attached**) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
- ❖ 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.

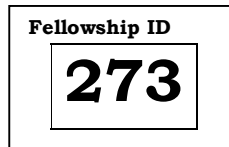
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Vaibhav Kannojiya

Enrollment No. : 18816490020

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

274

STRF

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.)
274	Ms. Sheela Narang			Rs.15000/-	

11. Name of the Fellow : **Ms. Sheela Narang**
12. Enrollment No. : **10816690022**
13. Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
14. Amount (in Rs.) : _____ (in words): _____
15. Name of the School : **USMS**
16. Residential Address : _____
: _____
: _____
17. Mobile No. & Email ID : 8585944250 Email: _____
18. Award Letter No. & date(Copy Attached) : _____
19. Name of the Supervisor (s) : _____
20. 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.

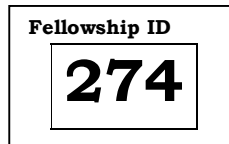
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sheela Narang

Enrollment No. : 10816690022

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

275

STRF

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.)
275	Mr. Sonal Mehta			Rs.25000/-	

- Name of the Fellow : **Mr. Sonal Mehta**
 - Enrollment No. : **09816590022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9818930198 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

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- ❖ I am not employed anywhere.
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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.

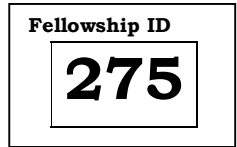
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : **Mr. Sonal Mehta**

Enrollment No. : **09816590022**

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

276

STRF

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.)
276	Ms. Appoorva Dangi			Rs.15000/-	

- Name of the Fellow : **Ms. Appoorva Dangi**
 - Enrollment No. : **09916590022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9990015195 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
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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.

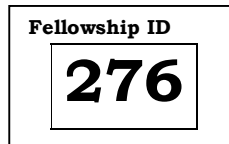
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Apoorva Dangi**

Enrollment No. : **09916590022**

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

277

STRF

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.)
277	Ms. Monika Yadav			Rs.25000/-	

- Name of the Fellow : **Ms. Monika Yadav**
 - Enrollment No. : **10216590022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8375815683 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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If as a result of 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.

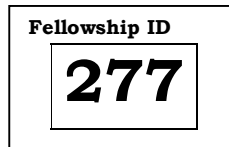
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Monika Yadav

Enrollment No. : 10216590022

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

278

STRF

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.)
278	Mr. Mayank Singhal			Rs.25000/-	

- Name of the Fellow : **Mr. Mayank Singhal**
 - Enrollment No. : **10316590022**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9716143676 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.

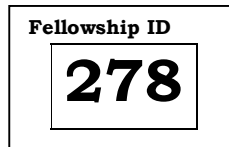
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Mayank Singhal**

Enrollment No. : **10316590022**

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

279

STRF

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.)
279	Ms. Parul Sinhmar			Rs.25000/-	

- Name of the Fellow : **Ms. Parul Sinhmar**
 - Enrollment No. : **10416590022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9068293435 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.

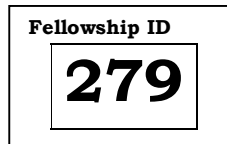
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Parul Sinhmar

Enrollment No. : 10416590022

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

280

STRF

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.)
280	Ms. Sonal Rao			Rs.15000/-	

- Name of the Fellow : **Ms. Sonal Rao**
 - Enrollment No. : **10516590022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9958027552 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.

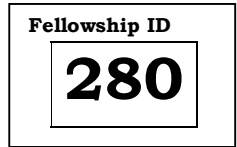
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sonal Rao

Enrollment No. : 10516590022

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

281

STRF

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.)
281	Ms. Sanjana Moses			Rs.25000/-	

- Name of the Fellow : **Ms. Sanjana Moses**
 - Enrollment No. : **10616590022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9953477617 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.

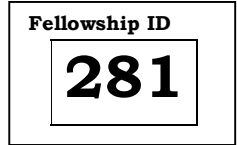
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sanjana Moses

Enrollment No. : 10616590022

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

282

STRF

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.)
282	Mr. Shivam Kumar			Rs.15000/-	

- Name of the Fellow : **Mr. Shivam Kumar**
 - Enrollment No. : **11016590022**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9455851325 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.

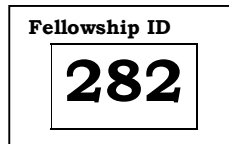
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 : Mr. Shivam Kumar

Enrollment No. : 11016590022

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

283

STRF

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.)
283	Ms. Garima Kumar			Rs.15000/-	

- Name of the Fellow : **Ms. Garima Kumar**
 - Enrollment No. : **11116590022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USLLS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **7838768378** 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.
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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.

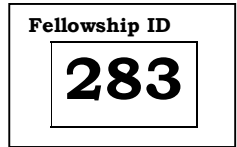
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Garima Kumar**

Enrollment No. : **11116590022**

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

284

STRF

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.)
284	Ms. Priyanka Olaniya			Rs.15000/-	

- Name of the Fellow : **Ms. Priyanka Olaniya**
 - Enrollment No. : **22316490022**
 - 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 : 9599026459 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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If as a result of 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.

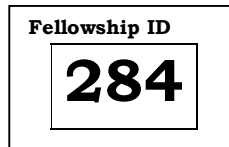
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 Olaniya

Enrollment No. : 22316490022

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

285

STRF

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.)
285	Ms. Priyanka Singh			Rs.25000/-	

- Name of the Fellow : **Ms. Priyanka Singh**
 - Enrollment No. : **06821690022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9877231611 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.

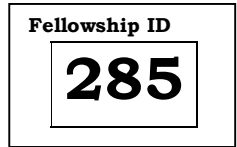
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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 Singh

Enrollment No. : 06821690022

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

286

STRF

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.)
286	Ms. Sharon Hooda			Rs.15000/-	

- Name of the Fellow : **Ms. Sharon Hooda**
 - Enrollment No. : **06921690022**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9810298924 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.

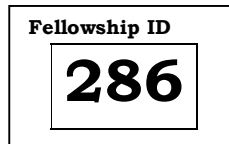
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Sharon Hooda**

Enrollment No. : **06921690022**

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

287

STRF

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.)
287	Ms. Simran Kaur			Rs.25000/-	

- Name of the Fellow : **Ms. Simran Kaur**
 - Enrollment No. : **07121690022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7982694511 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.

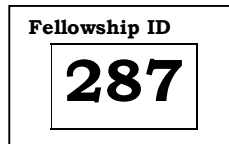
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Simran Kaur**

Enrollment No. : **07121690022**

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

288

STRF

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.)
288	Ms. Ananya Sinha			Rs.15000/-	

- Name of the Fellow : **Ms. Ananya Sinha**
 - Enrollment No. : **07221690022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9430959456 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.

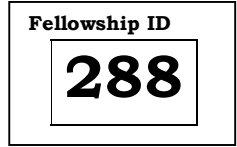
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Ananya Sinha**

Enrollment No. : **07221690022**

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

289

STRF

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.)
289	Ms. Pragati Mishra			Rs.15000/-	

- Name of the Fellow : **Ms. Pragati Mishra**
 - Enrollment No. : **07421690022**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8826286838 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
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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.

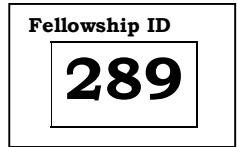
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Pragati Mishra

Enrollment No. : 07421690022

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

290

STRF

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.)
290	Ms. Madhavi Tripathi			Rs.25000/-	

- Name of the Fellow : **Ms. Madhavi Tripathi**
 - Enrollment No. : **07521690022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9871251855 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
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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.

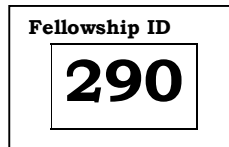
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Madhavi Tripathi

Enrollment No. : 07521690022

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

291

STRF

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.)
291	Ms. Reena Devi			Rs.25000/-	

- Name of the Fellow : **Ms. Reena Devi**
 - Enrollment No. : **07621690022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8307169477 Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
- ❖ 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.

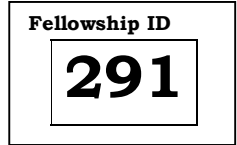
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Reena Devi**
Enrollment No. : **07621690022**

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

292

STRF

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.)
292	Mr. Ranganadham Srinadh			Rs.15000/-	

- Name of the Fellow : **Mr. Ranganadham Srinadh**
 - Enrollment No. : **07721690022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USHSS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **8750715102** Email: _____
 - Award Letter No. & date(Copy Attached) : _____
 - Name of the Supervisor (s) : _____
 - Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____
- Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.
- ❖ 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.

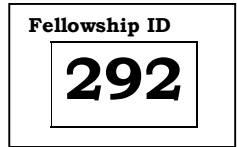
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Ranganadham Srinadh**

Enrollment No. : **07721690022**

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

293

STRF

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.)
293	Ms. Kavita			Rs.25000/-	

- Name of the Fellow : **Ms. Kavita**
 - Enrollment No. : **06216390022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8130335930 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.

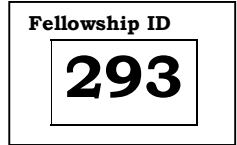
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Kavita**
Enrollment No. : **06216390022**

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

294

STRF

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.)
294	Ms. Meru Shikha			Rs.15000/-	

- Name of the Fellow : **Ms. Meru Shikha**
 - Enrollment No. : **06416390022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **6375753572** 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.

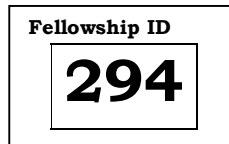
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Meru Shikha

Enrollment No. : 06416390022

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

295

STRF

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.)
295	Mr. Bhupendra Kumar			Rs.25000/-	

- Name of the Fellow : **Mr. Bhupendra Kumar**
 - Enrollment No. : **06516390022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9990382797 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.

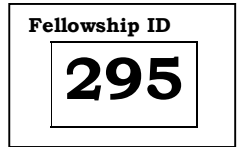
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Bhupendra Kumar**
Enrollment No. : **06516390022**

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

296

STRF

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.)
296	Mr. Manoj Kumar			Rs.15000/-	

- Name of the Fellow : **Mr. Manoj Kumar**
 - Enrollment No. : **06616390022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USEM**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 0 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.

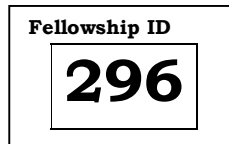
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Manoj Kumar**

Enrollment No. : **06616390022**

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

297

STRF

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.)
297	Ms. Babita			Rs.15000/-	

- Name of the Fellow : **Ms. Babita**
 - Enrollment No. : **03069990722**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USE**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **7701868284** 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.

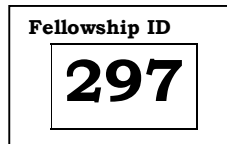
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Babita**
Enrollment No. : **03069990722**

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

298

STRF

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.)
298	Ms. Reetika Singh			Rs.15000/-	

- Name of the Fellow : **Ms. Reetika Singh**
 - Enrollment No. : **07840890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9873825707** 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.

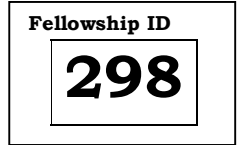
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Reetika Singh

Enrollment No. : 07840890022

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

299

STRF

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.)
299	Ms. Kajal Chaudhary			Rs.25000/-	

- Name of the Fellow : **Ms. Kajal Chaudhary**
 - Enrollment No. : **07940890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9311672611 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.

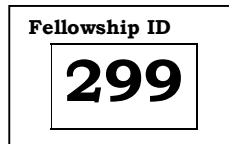
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Kajal Chaudhary**

Enrollment No. : **07940890022**

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

300

STRF

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.)
300	Ms. Vinita Sangwan			Rs.15000/-	

- Name of the Fellow : **Ms. Vinita Sangwan**
 - Enrollment No. : **08040890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8053707206 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.

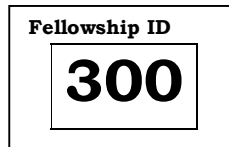
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Vinita Sangwan

Enrollment No. : 08040890022

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

301

STRF

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.)
301	Ms. Gunjan Goel			Rs.25000/-	

- Name of the Fellow : **Ms. Gunjan Goel**
 - Enrollment No. : **08140890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9667517467** 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.

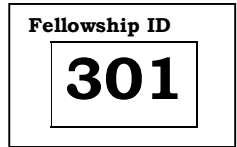
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Gunjan Goel**
Enrollment No. : **08140890022**

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

302

STRF

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.)
302	Ms. Rashmi Saini			Rs.25000/-	

- Name of the Fellow : **Ms. Rashmi Saini**
 - Enrollment No. : **08340890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9868001293 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.

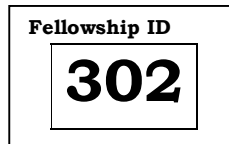
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Rashmi Saini**

Enrollment No. : **08340890022**

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

303

STRF

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.)
303	Ms. Suman			Rs.15000/-	

- Name of the Fellow : **Ms. Suman**
 - Enrollment No. : **08440890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 8198954015 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.

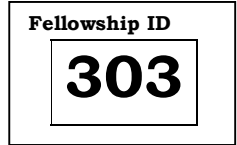
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Suman**
Enrollment No. : **08440890022**

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

304

STRF

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.)
304	Mr. Krishna Kumar			Rs.15000/-	

- Name of the Fellow : **Mr. Krishna Kumar**
 - Enrollment No. : **08540890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7011124468 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.

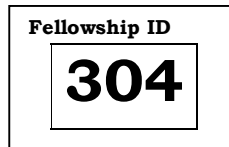
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Krishna Kumar**
Enrollment No. : **08540890022**

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

305

STRF

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.)
305	Ms. Charu Bhutani			Rs.15000/-	

- Name of the Fellow : **Ms. Charu Bhutani**
 - Enrollment No. : **08640890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 9992698673 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.

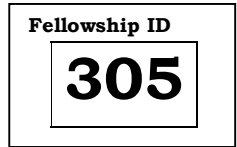
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Charu Bhutani

Enrollment No. : 08640890022

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

306

STRF

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.)
306	Ms. Vaishali Prashar			Rs.15000/-	

- Name of the Fellow : **Ms. Vaishali Prashar**
 - Enrollment No. : **08740890022**
 - Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USBAS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : 7906716791 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.

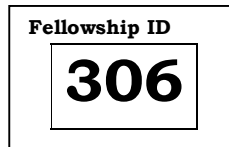
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Vaishali Prashar

Enrollment No. : 08740890022

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

307

STRF

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.)
307	Ms. Aeshna Kharbanda			Rs.15000/-	

- Name of the Fellow : **Ms. Aeshna Kharbanda**
 - Enrollment No. : **10016690022**
 - Month/Period of fellowship Claimed : _____ 20__ from : _____ to _____
 - Amount (in Rs.) : _____ (in words): _____
 - Name of the School : **USMS**
 - Residential Address : _____
: _____
: _____
 - Mobile No. & Email ID : **9871052520** 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.

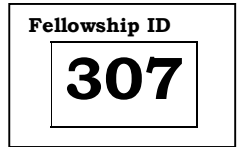
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

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. Aeshna Kharbanda

Enrollment No. : 10016690022

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