बाबासाहेब भीमराव अम्बेडकर विश्वविद्यालय

(केन्द्रीय विश्वविद्यालय)

विद्या विहार, रायबरेली रोड, लखनऊ–226025

BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY

(A Central University)

Vidya Vihar, Rae Bareli Road, Lucknow-226025

CONTINGENCY FORM

Contingency for the period from _____to _____ Year _____

Name of the Research Fellow:	
Name of the Supervisor:	
Category of Fellowship : UGC-Non-NET/DST-ISNPIRE/ICSSR/ICMR/	
Course/Subject:	Department:
Gender: Male/Female/Transgender	School:
Admission No.:	Enrolment No.:
Date of admission: (Fee deposit receipt enclosed)	Fellowship Award Letter No. & Date:
Category: GEN/ SC/ ST/ OBC/ EWS	Whether People with Disability (PwD) : Yes/No
Date of Birth:	Year: I/ II/ III/ IV/ V/ VI
Aadhar No.:	Account Holder's Name:
Bank Name:	IFSC Code:
Bank A/C No.:	Details of leave:

Details of Contingency claimed as under:

Sr. No.	Details of expenditure given below	Period for which contingency is claimed with bills (months) (From ---- to -----)	Contingency in (Rs.) @ -- per year	Total Contingency Amount (Rs.)	Remarks, if any

I hereby declare that I have read instruction properly and accordingly submitted.
The payment of Rs. ……. Only may be made in favour of …… as per details of the account given above. It is undertaken that, if some irregularity is noticed at a later stage as a result of check or audit objection, action will be taken to adjust/ refund/ regularize the objected amount**.**

Signature of Research Scholar

Certified that the candidate has deposited the respective annual fee of the University as applicable. Payment of fellowship is strictly as per the terms and conditions of the guidelines of the fellowship and guidelines issued by the UGC/ concerned funding institution. It is also certified that the progress of research work of research fellow is satisfactory and attendance is verified. The fellowship claim made by the research fellow is checked and found correct. It is recommended to make payment.

Supervisor **Head of the Department**

Instruction to be followed:

1) Original bills with name of particular students should be attached with claim form.
2) Amount of bill, purpose should be clearly mentioned in the bills.
3) Bills should pertain to the period 1st April to 31st March of every financial year.
4) Bills should be verified by the dealing person of the schools.
5) In case of registration fees for attending conference, seminar, permission letter by the Competent Authority, may be attached with the claim.
6) Bills should be certified by the students and supervisor with the stamp and counter signed by their Head of the department..
7) If any bills are found to be unnamed, photocopy/xerox of bills or manipulative, they will not be considered for payment.