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

Format for students availing Research Fellowship

1.	**Name of Research Scholar**				
2.	**Name of Father**				
3.	**Name of Mother**				
4.	**Academic Year (of admission)**				
5.	**Date of Ph.D. Admission**				
6.	**Name of Department**				
7.	**Name of School**				
8.	**Date of Birth**				
9.	**Gender**	Male/Female/Transgender			
10.	**Category**	Unreserved/Reserved (OBC/SC/ST/EWS)			
11.	**If, PwD**	Yes/No			
12.	**Mobile No.**				
13.	**Email ID**				
14.	**Name of Fellowship Scheme**				
15.	**Fellowship Student ID**				
16.	**Date of joining in Fellowship**				
17.	**Total fellowship granted:-** *(If change of fellowship, please mention period/date of change of fellowship)*	Fellowship Scheme	Fellowship (Rs.)	HRA (Rs.)	Contingency (Rs.)
	1. Academic Year (1st July,….-30th June,….)				
	2. Academic Year (1st July,….-30th June,….)				
	3. Academic Year (1st July,….-30th June,….)				
	4. Academic Year (1st July,….-30th June,….)				
	5. Academic Year (1st July,….-30th June,….)				
18.	**Date of fellowship discontinuation**				
19.	**Fellowship discontinuation reason**				
20.	**Details of pending fellowship, if any:- (Please mention period below)**	Fellowship Scheme	Fellowship (Rs.)	HRA (Rs.)	Contingency (Rs.)

The payment of total Rs. ……. only as per details above received in my account. 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/ recover/ regularize the objected amount.

Signature and Name of the Research Fellow

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 agency.

Supervisor
Signature with Date
Name:
(Seal)

Head of the Department
Counter signature with Date
Name:
(Seal)