BABASAHEB BHIMRAO AMBEDKAR UNIVERSITY

LUCKNOW

प्रज्ञा शील करुणा

ESTABLISHED 1996

# 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

## FELLOWSHIP CLAIM FORM

**Fellowship for the Month Ending _____ 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:<br>(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: |

**a) Details of Fellowship claimed as under:**

| Sr. No. | Period for which fellowship is claimed with bills (months) | Fellowship in (Rs.) @ -- per month | Total Fellowship Amount (Rs.) | HRA Amount & Months (From --- to ----) | Grand Total (Rs.) | Remarks if any |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |

**b) (I) No. of working days:** **(III) No. of Leave with fellowship:**

**(II) No. of days present:** **(IV) No. of days absent without leave:**

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 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 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**
**Signature with Date**
**Name:**
**(Seal)**

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