



# CENTRAL UNIVERSITY OF SOUTH BIHAR

**CLAIM FORM FOR NON-NET FELLOWSHIP: MPhil- PhD  PhD**

**(To be filled by the Research Scholar)**

<b>1.a. Name:</b>	<b>1.b. Enrollment number:</b>	<b>1.c. Date of Joining :</b>
<b>1.d. Dept./Centre:</b>	<b>1.e. Supervisor/Guide:</b>	<b>1.f. HoD:</b>

**2. Are you receiving any other Fellowship/Financial Assistance (Yes or No, if yes, provide the details)**

### 3. Claim Details

<b>3.a. Specify the Month &amp; Year till which date Fellowship has been received</b>	
<b>3.b. Current claim submitted for the Month &amp; Year</b>	
<b>3.c. Total no. of working days in the claimed month</b>	
<b>3.d. Total no. of days present in claimed month</b>	
<b>3.e. Copy of Attendance enclosed (Yes/No)</b>	
<b>3. f. No of days and dates of absence (if):</b>	

### 4. Amount claimed for release of fellowship

<b>4.a. Fellowship payable @ per month</b>	<b>4.b. Total amount claimed (in view of point 3 above)</b>

### 5. Details of Semester Fee deposited (enclose challan copy)

<b>5.a. Current Semester (please specify)</b>	<b>5.b. Amount Deposited</b>	<b>5.c. Date of Deposit</b>	<b>5.d. Mode of Deposit</b>

**Submit Separate claim form for each month.**

**Signature of Claimant**

**6. Claimant's Aadhar linked Bank details****6.a. Name of the claimant**  
(As per Bank Records)**6.b. Claimant's Account Number****6.c. Bank & Branch****6.d. IFSC Code****6.e. Claimant's Aadhar Number**

*7. I declare that I am not getting any Fellowship/ Financial assistance from any other sources. If any information provided by me in this claim form is subsequently found incorrect/false, I would refund the entire amount received by me.*

**Name of Claimant:****Date:****Signature of the Claimant****8. Recommendation of the concerned Department/Centre/School**

**8.a.** *The Progress Reports, Attendance etc. have been verified for the duration cited above. The claim is recommended for payment for the period mentioned in this claim form. It is also certified that above student is not getting any Fellowship/financial assistance, to the best of my knowledge.*

**8.b. If absent, whether leave is sanctioned**

(If yes , the dates for which it was sanctioned  
(please refer with sl. No. 3.f.)

**8.c. Date of Joining of the Research Scholar in the programme :****8.d. Remarks, if any:****Supervisor/Guide**

Sign with date:

**Head of the Department**

Sign with date:

**Chairman CRDC/DRDC**

Sign with date:

Seal/Name:

Seal/Name:

Seal/Name:

**9. Approved/ Not Approved****Controller of Examinations**