

## **CENTRAL UNIVERSITY OF SOUTH BIHAR**

## **CLAIM FORM FOR NON-NET FELLOWSHIP**

(To be filled by PhD Scholar)

1.a. Name:		1.b. Enrollment nu		mber:	1.c. Date Dept.:	of Joining in the			
1.d. Dept./Centre:		1.e. Supervisor/Gu		ide:	1.f. HoD:				
2. Are you receiving any other Fellowship / Financial Assistance (Yes or No; if yes, provide the details)									
3. Claim Details									
3.a. Specify the 'Month & Year' till which date									
Fellowship has been received									
3.b. Current claim submitted for the 'Month & Year' (Please Submit Separate claim form for each month)									
3.c. Total no. of working days in claimed month									
3.d. Total no. of days present in claimed month									
3.e. Copy of Attendance enclosed (Yes/No)									
3. f. No of days & dates of absence (if any)									
4. Claim Amount details for releasing of fellowship									
4.a. Fellowship payable @per month				4.b. Total amount claimed (in view of point 3 above)					
5. Details of Semester Fee deposited (Pl enclose Receipt/ Challan copy)									
5.a. Current Semester (Please Specify)	5.b. Amour	nt Deposited	5.c.	Date of I	Deposit	5.d. Mode of Deposit			
Date: Signature of Claimant									
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6. Claimant's Aadhar linked Bank details								
6.a. Name of claim	ant							
(As per Bank Re	ecords)							
6.b. Claimant's Acc	ount Number							
6.c. Bank & Branch	1							
6.d. IFSC Code								
6.e. Claimant's Aad								
<b>7.</b> 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 and University may free to take any action in this regard.								
Name of Claimant:	Date:	Signat	ure of the Claimant					
8. 'Leave Sanction Status' & 'Recommendation' of the concerned Department/Centre/School								
<b>8.a.</b> 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								
scholar is not getting any Fellowship/financial assistance, to the best of my knowledge.								
8.b. If absent, whet (Please refer wit	ther leave is sanction th sl. No. 3.f.)	ed						
Leave Period								
Sanctioned/ Not Sanctioned		I	<u> </u>					
8.c. Date of Joining of the Research Scholar in the programme : 8.d. Remarks, if any:								
our nomurno, y un	y.							
Supervisor/Guide	Head of	the Department	Chairman: CRDC/DRDC					
(Signature with Date		ure with Date)		(Signature with Date)				
Seal/Name: Seal/Name:		ne:	Seal/N	Seal/Name:				
9. Approved/ Not A	Approved							
Registrar								