



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**94**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>94</b>	<b>Ms. Sulbha Rai</b>			

- Name of the Fellow : **Ms. Sulbha Rai**
- Enrollment No. : **90060101213**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9818567099 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

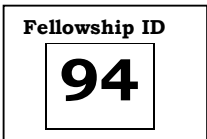
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Sulbha Rai  
Enrollment No. : 90060101213

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



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Fellowship ID

**95**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>95</b>	<b>Ms. Manju</b>			

- Name of the Fellow : **Ms. Manju**
- Enrollment No. : **90085090114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8860153837 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

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- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Manju  
Enrollment No. : 90085090114

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
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Year 20\_\_\_\_\_

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Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature of the Research Fellow



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**STRF**

**PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
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<b>96</b>	<b>Ms. Shweta Gupta</b>			
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1. Name of the Fellow : **Ms. Shweta Gupta**
2. Enrollment No. : **90046030114**
3. Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
4. Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
5. Name of the School : **USCT**
6. Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
7. Mobile No. & Email ID : 9990355905 Email: \_\_\_\_\_
8. Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
9. Name of the Supervisor (s) : \_\_\_\_\_
10. Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

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- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

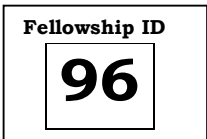
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Shweta Gupta  
Enrollment No. : 90046030114

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
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Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
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Year 20\_\_\_\_\_

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Year 20\_\_\_\_\_

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**Signature of the Research Fellow**



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Fellowship ID

**97**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>97</b>	<b>Mr. Saureesh Das</b>			

- Name of the Fellow : **Mr. Saureesh Das**
- Enrollment No. : **90088090214**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9818129575 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

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- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

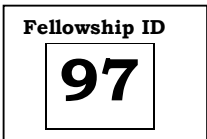
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Saureesh Das**  
Enrollment No. : **90088090214**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

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Year 20\_\_\_\_\_

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**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





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Fellowship ID

**98**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>98</b>	<b>Ms. Charu Tyagi</b>			

- Name of the Fellow : **Ms. Charu Tyagi**
- Enrollment No. : **90072050114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9013841230 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

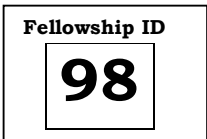
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Charu Tyagi  
Enrollment No. : 90072050114

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
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Year 20\_\_\_\_\_

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Year 20\_\_\_\_\_

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Year 20\_\_\_\_\_

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**Signature of the Research Fellow**



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Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**99**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>99</b>	<b>Mr. Satish Prasad</b>			

- Name of the Fellow : **Mr. Satish Prasad**
- Enrollment No. : **90080050114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9911730952 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

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- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

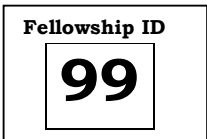
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Satish Prasad**  
Enrollment No. : **90080050114**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

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**Signature of the Research Fellow**



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Fellowship ID

**100**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>100</b>	<b>Ms. Shubhra Goyal</b>			

- Name of the Fellow : **Ms. Shubhra Goyal**
- Enrollment No. : **90024010114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9810308280 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

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- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

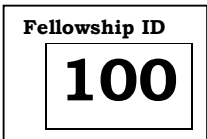
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Shubhra Goyal

Enrollment No. : 90024010114

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

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**Signature of the Research Fellow**



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Fellowship ID

**101**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>101</b>	<b>Mr. Sumit Kumar Verma</b>			

- Name of the Fellow : **Mr. Sumit Kumar Verma**
- Enrollment No. : **90054040114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : **9352222294** Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Mr. Sumit Kumar Verma**  
Enrollment No. : **90054040114**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**102**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>102</b>	<b>Ms. Aafrin Waziri</b>			

- Name of the Fellow : **Ms. Aafrin Waziri**
- Enrollment No. : **90048040114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9953115403 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Aafrin Waziri  
Enrollment No. : 90048040114

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**103**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>103</b>	<b>Ms. Shivani</b>			

- Name of the Fellow : **Ms. Shivani**
- Enrollment No. : **90052040114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9582225224 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Shivani  
Enrollment No. : 90052040114

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**104**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>104</b>	<b>Mr. Vikas Kumar Mandal</b>			

- Name of the Fellow : **Mr. Vikas Kumar Mandal**
- Enrollment No. : **90057040114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8010771015 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Mr. Vikas Kumar Mandal**  
Enrollment No. : **90057040114**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**105**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>105</b>	<b>Ms. Swati Chaturvedi</b>			

- Name of the Fellow : **Ms. Swati Chaturvedi**
- Enrollment No. : **90055040114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : **9971759803** Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Ms. Swati Chaturvedi**  
Enrollment No. : **90055040114**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**106**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>106</b>	<b>Mr. Suyash Kumar</b>			

- Name of the Fellow : **Mr. Suyash Kumar**
- Enrollment No. : **15416490019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USIC&T**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9310493782 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

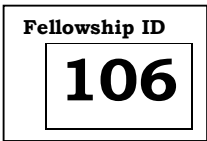
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Suyash Kumar**  
Enrollment No. : **15416490019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**107**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>107</b>	<b>Ms. Richa Singh</b>			

- Name of the Fellow : **Ms. Richa Singh**
- Enrollment No. : **15616490019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USIC&T**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9045091765 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

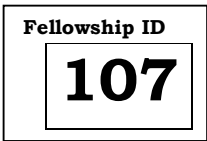
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Richa Singh**  
Enrollment No. : **15616490019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**108**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>108</b>	<b>Mr. Shaival Thakkar</b>			

- Name of the Fellow : **Mr. Shaival Thakkar**
- Enrollment No. : **03321690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8095952917 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Mr. Shaival Thakkar**  
Enrollment No. : **03321690019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**109**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>109</b>	<b>Ms. Divya</b>			

- Name of the Fellow : **Ms. Divya**
- Enrollment No. : **03621690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9910145550 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Divya  
Enrollment No. : 03621690019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**110**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>110</b>	<b>Ms. Srishti Sharma</b>			

- Name of the Fellow : **Ms. Srishti Sharma**
- Enrollment No. : **03821690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : **8178425777** Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

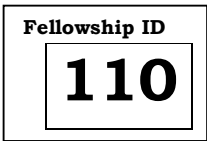
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Srishti Sharma  
Enrollment No. : 03821690019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**111**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>111</b>	<b>Ms. Mehak Bhola</b>			

- Name of the Fellow : **Ms. Mehak Bhola**
- Enrollment No. : **03921690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8130078983 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

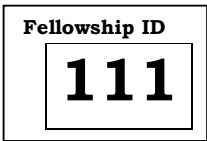
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Mehak Bhola**  
Enrollment No. : **03921690019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**112**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>112</b>	<b>Mr. Anil Kumar Sukumaran</b>			

- Name of the Fellow : **Mr. Anil Kumar Sukumaran**
- Enrollment No. : **04021690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8755026999 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

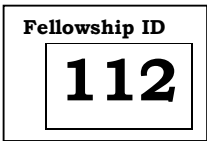
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Anil Kumar Sukumaran**  
Enrollment No. : **04021690019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**113**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>113</b>	<b>Mr. Vinayak Jhamb</b>			

- Name of the Fellow : **Mr. Vinayak Jhamb**
  - Enrollment No. : **04716590019**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9953151099 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

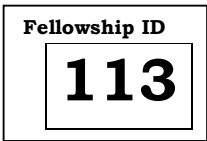
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Vinayak Jhamb**  
Enrollment No. : **04716590019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**114**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>114</b>	<b>Ms. Komal Chauhan</b>			

- Name of the Fellow : **Ms. Komal Chauhan**
- Enrollment No. : **04916590019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9971252185 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Komal Chauhan

Enrollment No. : 04916590019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**115**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>115</b>	<b>Ms. Anjali Nair</b>			

- Name of the Fellow : **Ms. Anjali Nair**
  - Enrollment No. : **05116590019**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9999372269 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

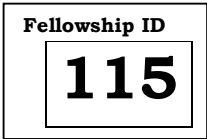
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Anjali Nair**  
Enrollment No. : **05116590019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**116**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>116</b>	<b>Mr. Pankaj</b>			

- Name of the Fellow : **Mr. Pankaj**
- Enrollment No. : **05216590019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9650396319 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

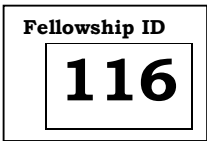
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Pankaj**  
Enrollment No. : **05216590019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**117**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>117</b>	<b>Ms. Pallavi Pal</b>			

- Name of the Fellow : **Ms. Pallavi Pal**
- Enrollment No. : **05316590019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9711951668 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

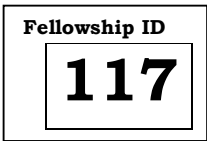
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Pallavi Pal**  
Enrollment No. : **05316590019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**118**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>118</b>	<b>Ms. Kanika Tyagi</b>			

- Name of the Fellow : **Ms. Kanika Tyagi**
- Enrollment No. : **05616590019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9958843595 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

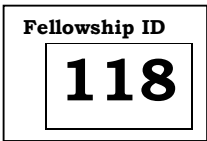
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Kanika Tyagi**  
Enrollment No. : **05616590019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**119**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>119</b>	<b>Mr. Vijit Vinod Nautiyal</b>			

- Name of the Fellow : **Mr. Vijit Vinod Nautiyal**
- Enrollment No. : **03840890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9717833019 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

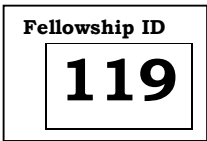
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Vijit Vinod Nautiyal**  
Enrollment No. : **03840890019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**120**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>120</b>	<b>Ms. Anjali Saini</b>			

- Name of the Fellow : **Ms. Anjali Saini**
- Enrollment No. : **03940890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8569912795 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

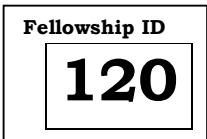
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Anjali Saini**  
Enrollment No. : **03940890019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**121**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>121</b>	<b>Ms. Deepika Gupta</b>			

- Name of the Fellow : **Ms. Deepika Gupta**
- Enrollment No. : **04040890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9988023089 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

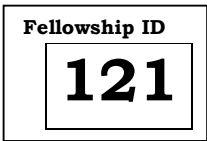
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Deepika Gupta**  
Enrollment No. : **04040890019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**122**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>122</b>	<b>Ms. Neshtha Dev</b>			

- Name of the Fellow : **Ms. Neshtha Dev**
- Enrollment No. : **04340890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9412425551 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

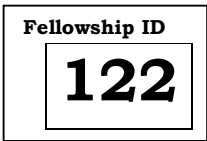
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Neshtha Dev  
Enrollment No. : 04340890019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**123**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>123</b>	<b>Ms. Sadhna Devi Kaliramna</b>			

- Name of the Fellow : **Ms. Sadhna Devi Kaliramna**
- Enrollment No. : **04440890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8398803757 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

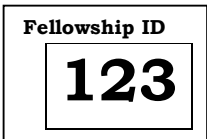
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Sadhna Devi Kaliramna**  
Enrollment No. : **04440890019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**124**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>124</b>	<b>Ms. Priya Jha</b>			

- Name of the Fellow : **Ms. Priya Jha**
  - Enrollment No. : **04540890019**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9711063282 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

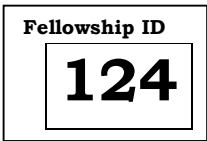
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Priya Jha

Enrollment No. : 04540890019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**125**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>125</b>	<b>Ms. Pratibha Shukla</b>			

- Name of the Fellow : **Ms. Pratibha Shukla**
- Enrollment No. : **04640890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8375049954 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

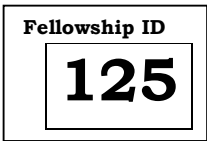
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Pratibha Shukla**  
Enrollment No. : **04640890019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**126**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>126</b>	<b>Ms. Nidhi Yadav</b>			

- Name of the Fellow : **Ms. Nidhi Yadav**
- Enrollment No. : **04740890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9560480547 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

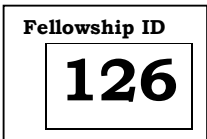
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Nidhi Yadav**  
Enrollment No. : **04740890019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**127**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>127</b>	<b>Ms. Tamanna</b>			

- Name of the Fellow : **Ms. Tamanna**
  - Enrollment No. : **02816390019**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8396062278 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

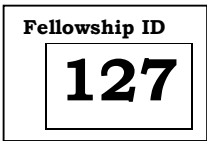
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Tamanna**  
Enrollment No. : **02816390019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**128**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>128</b>	<b>Ms. Arushi Jha</b>			

- Name of the Fellow : **Ms. Arushi Jha**
- Enrollment No. : **03016390019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9654470685 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

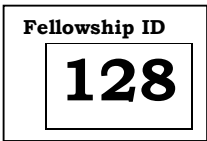
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Arushi Jha**  
Enrollment No. : **03016390019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**129**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>129</b>	<b>Mr. Bilal Ahmad Bhat</b>			

- Name of the Fellow : **Mr. Bilal Ahmad Bhat**
- Enrollment No. : **03116390019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7889362761 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Bilal Ahmad Bhat**

Enrollment No. : **03116390019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**130**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>130</b>	<b>Ms. Tanu Prakash</b>			

- Name of the Fellow : **Ms. Tanu Prakash**
- Enrollment No. : **03216390019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8527679618 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Ms. Tanu Prakash**  
Enrollment No. : **03216390019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**131**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>131</b>	<b>Ms. Shivani Raj</b>			

- Name of the Fellow : **Ms. Shivani Raj**
- Enrollment No. : **03516090019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9711411889 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

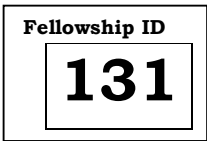
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Shivani Raj**  
Enrollment No. : **03516090019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**132**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>132</b>	<b>Ms. Sabita Rangra</b>			

- Name of the Fellow : **Ms. Sabita Rangra**
- Enrollment No. : **03616090019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7503126746 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

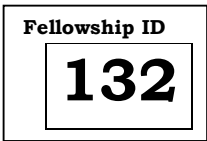
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Sabita Rangra**  
Enrollment No. : **03616090019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**133**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>133</b>	<b>Ms. Utpreksha Thapliyal</b>			

- Name of the Fellow : **Ms. Utpreksha Thapliyal**
- Enrollment No. : **03816090019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9654792954 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

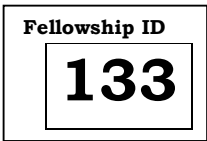
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Utpreksha Thapliyal**  
Enrollment No. : **03816090019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**134**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>134</b>	<b>Ms. Kanika Khoba</b>			

- Name of the Fellow : **Ms. Kanika Khoba**
  - Enrollment No. : **03916090019**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBT**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7503364999 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Ms. Kanika Khoba**  
Enrollment No. : **03916090019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**135**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>135</b>	<b>Ms. Ayesha Khosla</b>			

- Name of the Fellow : **Ms. Ayesha Khosla**
- Enrollment No. : **90039051213**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9873318425 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

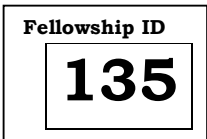
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Ayesha Khosla  
Enrollment No. : 90039051213

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**136**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>136</b>	<b>Ms. Shivangi</b>			

- Name of the Fellow : **Ms. Shivangi**
- Enrollment No. : **90054031215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9650794482 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

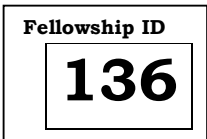
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Shivangi

Enrollment No. : 90054031215

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**137**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>137</b>	<b>Ms. Dimple Pruthi</b>			

- Name of the Fellow : **Ms. Dimple Pruthi**
- Enrollment No. : **90079092215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7503667652 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

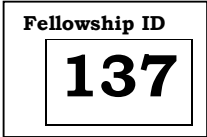
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Dimple Pruthi**  
Enrollment No. : **90079092215**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**138**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>138</b>	<b>Ms. Aradhana Singh</b>			

- Name of the Fellow : **Ms. Aradhana Singh**
- Enrollment No. : **90059051215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9807331223 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

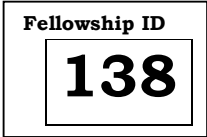
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Aradhana Singh

Enrollment No. : 90059051215

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**139**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>139</b>	<b>Mr. Krishanu Saha</b>			

- Name of the Fellow : **Mr. Krishanu Saha**
- Enrollment No. : **00616190018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8800913771 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

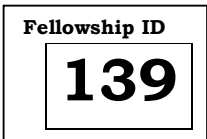
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Krishanu Saha**  
Enrollment No. : **00616190018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**140**

## STRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>140</b>	<b>Ms. Apoorva Vednarayan Misra</b>			

- Name of the Fellow : **Ms. Apoorva Vednarayan Misra**
- Enrollment No. : **03616590018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8149907698 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

Signature of the Research Fellow

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

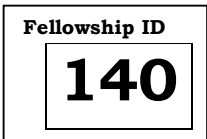
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

Signature of DRC with Stamp



Name of the Fellow : Ms. Apoorva Vednarayan Misra  
Enrollment No. : 03616590018

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**141**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>141</b>	<b>Ms.Prerna Sharma</b>			

- Name of the Fellow : **Ms.Prerna Sharma**
- Enrollment No. : **90063051215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9899112463 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms.Pruna Sharma**  
Enrollment No. : **90063051215**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**142**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>142</b>	<b>Ms. Kusum Deswal</b>			

- Name of the Fellow : **Ms. Kusum Deswal**
- Enrollment No. : **03121690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9910682881 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Kusum Deswal  
Enrollment No. : 03121690019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**143**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>143</b>	<b>Ms. Khushboo Choudhury</b>			

- Name of the Fellow : **Ms. Khushboo Choudhury**
- Enrollment No. : **00616091116**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9560330912 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Khushboo Choudhury  
Enrollment No. : 00616091116

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**144**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>144</b>	<b>Ms. Sawetaji</b>			

- Name of the Fellow : **Ms. Sawetaji**
- Enrollment No. : **00716091116**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8285775356 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : 6509348708 IFSC Code : IDIB000G082  
: Name of the Bank: Indian Bank

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

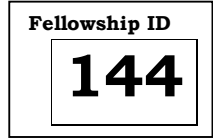
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Sawetaji  
Enrollment No. : 00716091116

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**145**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>145</b>	<b>Ms. Divyani Redhu</b>			

- Name of the Fellow : **Ms. Divyani Redhu**
- Enrollment No. : **00220394416**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9999405788 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Divyani Redhu

Enrollment No. : 00220394416

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**





# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**146**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>146</b>	<b>Ms. Shweta Rani</b>			

- Name of the Fellow : **Ms. Shweta Rani**
- Enrollment No. : **90021011215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7838423088 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Shweta Rani  
Enrollment No. : 90021011215

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**147**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>147</b>	<b>Ms. Neha Jain</b>			

- Name of the Fellow : **Ms. Neha Jain**
- Enrollment No. : **03216493316**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9910057715 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

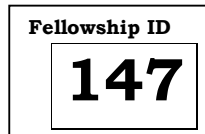
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Neha Jain**  
Enrollment No. : **03216493316**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**148**

## **STRF**

### **PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : STRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>148</b>	<b>Ms. Ekta Bansal</b>			

- Name of the Fellow : **Ms. Ekta Bansal**
- Enrollment No. : **02516590817**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7982144750 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

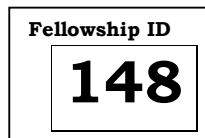
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Ekta Bansal  
Enrollment No. : 02516590817

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**