



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**226**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>226</b>	<b>Ms. Kriti Singh</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Kriti Singh**
  - Enrollment No. : **00116190616**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USCT**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8800749307 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

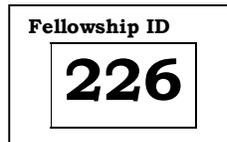
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Kriti Singh

Enrollment No. : 00116190616

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

Fellowship ID

**227**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>227</b>	<b>Mr. Manpreet Singh</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Mr. Manpreet Singh**
  - Enrollment No. : **14916490019**
  - 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 : 7292036505 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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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

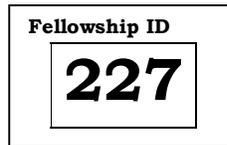
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Manpreet Singh**

Enrollment No. : **14916490019**

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

Fellowship ID

**228**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>228</b>	<b>Ms. Ruchika</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Ruchika**
  - Enrollment No. : **07716494016**
  - 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 : 9810084944 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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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

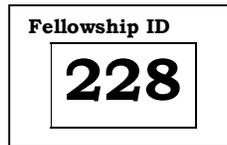
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

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 : **Ms. Ruchika**  
Enrollment No. : **07716494016**

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

**229**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>229</b>	<b>Mr. Ashwani Kumar</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Mr. Ashwani Kumar**
  - Enrollment No. : **90077091215**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7503279191 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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**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.**

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. Ashwani Kumar**

Enrollment No. : **90077091215**

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	

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**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

**230**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>230</b>	<b>Parul Ahuja</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Parul Ahuja**
  - Enrollment No. : **02216690917**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **7503787426** 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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**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.**

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.

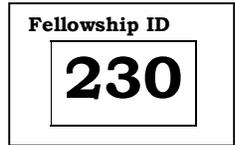
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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 : **Parul Ahuja**  
Enrollment No. : **02216690917**

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	

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**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

**231**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>231</b>	<b>Ms. Shalini Pandey</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Shalini Pandey**
  - Enrollment No. : **06440890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8707042347 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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**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.**

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.

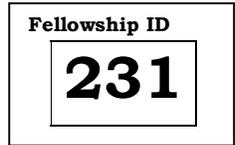
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Shalini Pandey

Enrollment No. : 06440890021

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\_\_\_\_\_

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

**232**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>232</b>	<b>Ms. Neeta Bisht</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Neeta Bisht**
  - Enrollment No. : **06540890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9130562445 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

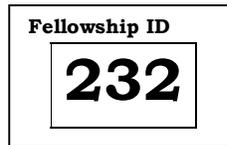
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Neeta Bisht  
Enrollment No. : 06540890021

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

**233**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>233</b>	<b>Ms. Kajal</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Kajal**
  - Enrollment No. : **06640890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9812373695 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 :

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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

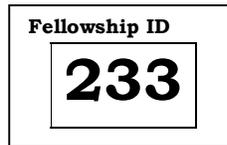
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Kajal**  
Enrollment No. : **06640890021**

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

**234**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>234</b>	<b>Ms. Priya</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Priya**
  - Enrollment No. : **06840890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8950183018 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 :

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- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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  
Enrollment No. : 06840890021

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

**235**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>235</b>	<b>Ms. Jyoti Dahiya</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Jyoti Dahiya**
  - Enrollment No. : **07040890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7982612039 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 :

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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Jyoti Dahiya**

Enrollment No. : **07040890021**

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	

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**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

**236**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>236</b>	<b>Ms. Akanksha</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Akanksha**
  - Enrollment No. : **07140890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7988103930 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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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

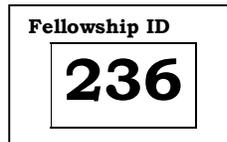
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

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 : Ms. Akanksha

Enrollment No. : 07140890021

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

**237**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>237</b>	<b>Mr. Allen Roney Ranjan</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Mr. Allen Roney Ranjan**
  - Enrollment No. : **07240890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9871795804 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 :

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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Allen Roney Ranjan**

Enrollment No. : **07240890021**

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

**238**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>238</b>	<b>Ms. Simrandeep kaur</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Simrandeep kaur**
  - Enrollment No. : **07540890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9582461544 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 :

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- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

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

**Signature of the Research Fellow**

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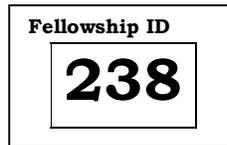
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Simrandeep kaur

Enrollment No. : 07540890021

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

**239**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>239</b>	<b>Mr. Diwakar Vikram Singh</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Mr. Diwakar Vikram Singh**
  - Enrollment No. : **05016390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9118064099 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

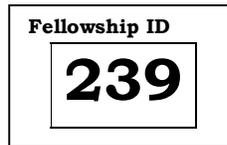
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Diwakar Vikram Singh**

Enrollment No. : **05016390021**

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	

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**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

**240**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>240</b>	<b>Mr. Sidharth Narayan Borah</b>			<b>Rs. 15000/-</b>	

- Name of the Fellow : **Mr. Sidharth Narayan Borah**
- Enrollment No. : **05116390021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 6000839754 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 :

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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

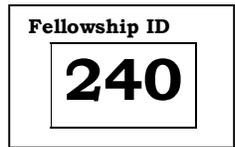
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Sidharth Narayan Borah**  
Enrollment No. : **05116390021**

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

**241**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>241</b>	<b>Ms. Peimi Lungleng</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Peimi Lungleng**
  - Enrollment No. : **05516390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9643491876 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 :

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- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

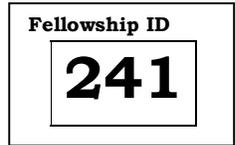
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Peimi Lungleng**

Enrollment No. : **05516390021**

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

**242**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>242</b>	<b>Ms. Taruna</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Taruna**
  - Enrollment No. : **05716390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8826552292 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 :

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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Taruna**  
Enrollment No. : **05716390021**

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\_\_\_\_\_

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July		Aug		Sep		Oct.		Nov.		Dec	

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

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

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**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

**243**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>243</b>	<b>Mr. Tarun Joshi</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Mr. Tarun Joshi**
  - Enrollment No. : **01820390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMC**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9625492804 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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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

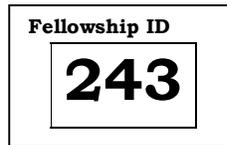
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Tarun Joshi**  
Enrollment No. : **01820390021**

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	

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**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

**244**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>244</b>	<b>Ms. Shikha Shalini</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Shikha Shalini**
  - Enrollment No. : **02020390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMC**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9958324722 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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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Shikha Shalini**

Enrollment No. : **02020390021**

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

**245**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>245</b>	<b>Mr. Ahmad Ishtiaque Tapadar</b>			<b>Rs. 15000/-</b>	

- Name of the Fellow : **Mr. Ahmad Ishtiaque Tapadar**
- Enrollment No. : **05421690021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8749974254 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

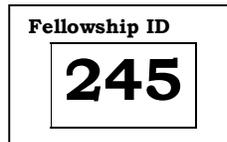
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

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. Ahmad Ishtiaque Tapadar**

Enrollment No. : **05421690021**

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

**246**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>246</b>	<b>Mr. Suryakant Yadav</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Mr. Suryakant Yadav**
  - Enrollment No. : **05521690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8299512939 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

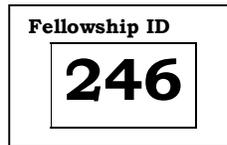
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

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. Suryakant Yadav**

Enrollment No. : **05521690021**

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

**247**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>247</b>	<b>Ms. Neha Mandhotra</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Neha Mandhotra**
  - Enrollment No. : **05621690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8010230045 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

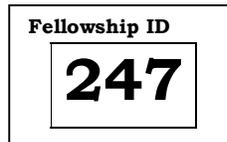
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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 Mandhotra

Enrollment No. : 05621690021

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

**248**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>248</b>	<b>Ms. Tripti Aggarwal</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Tripti Aggarwal**
  - Enrollment No. : **05721690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **9650298172** 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

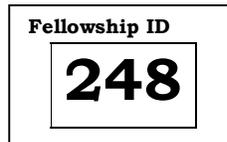
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Tripti Aggarwal**

Enrollment No. : **05721690021**

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

**249**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>249</b>	<b>Ms. Mansi</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Mansi**
  - Enrollment No. : **05821690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9717523158 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

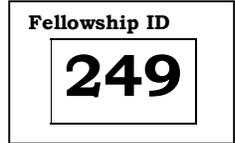
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Mansi**  
Enrollment No. : **05821690021**

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

**250**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>250</b>	<b>Ms. Mitali Bhattacharya</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Mitali Bhattacharya**
  - Enrollment No. : **06021690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9818119048 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

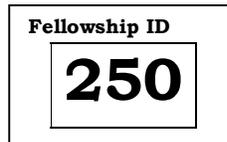
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Mitali Bhattacharya

Enrollment No. : 06021690021

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

**251**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>251</b>	<b>Ms. Sapan Saloni</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Sapan Saloni**
  - Enrollment No. : **06121690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7992317322 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

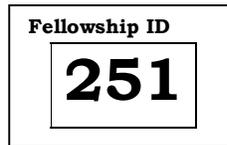
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

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 : **Ms. Sapan Saloni**  
Enrollment No. : **06121690021**

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

**252**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>252</b>	<b>Ms. Sada</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Sada**
  - Enrollment No. : **06221690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7042380692 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Sada**  
Enrollment No. : **06221690021**

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

**253**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>253</b>	<b>Mr. Yash Goswami</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Mr. Yash Goswami**
  - Enrollment No. : **06321690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9420969052 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
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- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

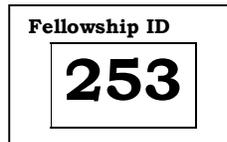
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Yash Goswami**

Enrollment No. : **06321690021**

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

**254**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>254</b>	<b>Ms. Vidushi Dabas</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Vidushi Dabas**
  - Enrollment No. : **08816690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9540411193 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 :

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- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Vidushi Dabas

Enrollment No. : 08816690021

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

**255**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>255</b>	<b>Mr. Parashuram</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Mr. Parashuram**
  - Enrollment No. : **19316490021**
  - 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 : **9650956799** 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 :

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- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Parashuram**  
Enrollment No. : **19316490021**

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

**256**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>256</b>	<b>Mr. Manvendra Singh</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Mr. Manvendra Singh**
  - Enrollment No. : **19516490021**
  - 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 : 8700812344 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 :

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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

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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.

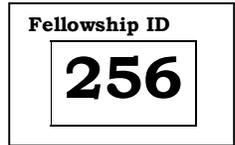
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Manvendra Singh**

Enrollment No. : **19516490021**

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

**257**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>257</b>	<b>Ms. Isha</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Isha**
  - Enrollment No. : **19816490021**
  - 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 : **9588721995** 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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. Isha**  
Enrollment No. : **19816490021**

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

**258**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>258</b>	<b>Mr. Lalit Kr. Narayan</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Mr. Lalit Kr. Narayan**
  - Enrollment No. : **20216490021**
  - 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 : 9871125104 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

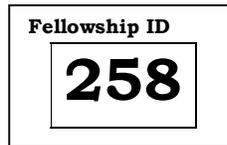
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

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. Lalit Kr. Narayan

Enrollment No. : 20216490021

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

**259**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>259</b>	<b>Mr. Krishan Kumar</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Mr. Krishan Kumar**
  - Enrollment No. : **20816490021**
  - 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 : 8708526186 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 :

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- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

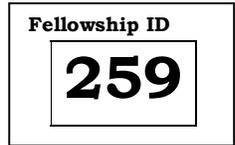
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Krishan Kumar

Enrollment No. : 20816490021

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

**260**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>260</b>	<b>Ms. Shivani Lahoti</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Shivani Lahoti**
  - Enrollment No. : **08416590021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **9582193509** 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

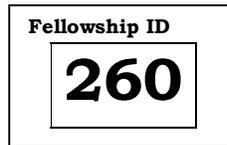
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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 Lahoti

Enrollment No. : 08416590021

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

**261**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>261</b>	<b>Ms. Udhaya Karthika</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Udhaya Karthika**
  - Enrollment No. : **08516590021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **9773857760** 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
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- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

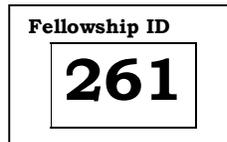
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Udhaya Karthika

Enrollment No. : 08516590021

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

**262**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>262</b>	<b>Ms. Shireen Singh</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Shireen Singh**
  - Enrollment No. : **08616590021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9999400000 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 :

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- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

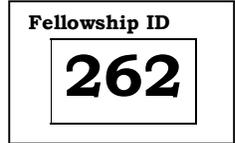
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Shireen Singh**

Enrollment No. : **08616590021**

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

**263**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>263</b>	<b>Ms. Pragya Gupta</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Pragya Gupta**
  - Enrollment No. : **08716590021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8800562283 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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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

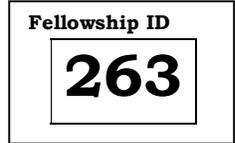
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Pragma Gupta

Enrollment No. : 08716590021

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

**264**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>264</b>	<b>Ms. Anindya Prosad Konar</b>			<b>Rs.25000/-</b>	

- Name of the Fellow : **Ms. Anindya Prosad Konar**
  - Enrollment No. : **09016590021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9064084192 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 a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

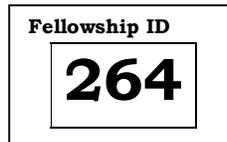
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Anindya Prosad Konar

Enrollment No. : 09016590021

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

**265**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>265</b>	<b>Ms. Shabana Khan</b>			<b>Rs.15000/-</b>	

- Name of the Fellow : **Ms. Shabana Khan**
  - Enrollment No. : **09216590021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9315529846 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 :

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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

**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.**

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.

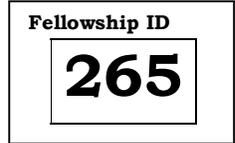
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**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. Shabana Khan

Enrollment No. : 09216590021

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**