Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

TTTDD





| | <u>PRC</u> | DFORMA FOR SUBMITTING TH | <u>E CLAIM FOR THE R</u> | ELEASE OF FELI | LOWSHIP : IUP | <u>r</u> | | | | | |
|-----|------------|----------------------------------|--------------------------|-------------------------------|---------------|----------|--|--|--|--|--|
| II | D.No. | Name of the Fellow | Month/Period of | Month/Period of fellowship | Fellowship | Amount | | | | | |
| | | | fellowship Claimed | amount of one | (in Rs.) | | | | | | |
| | | | (From Month) | Claimed | month | | | | | | |
| | - | No. Dista X. Jam | (To Month) | | | | | | | | |
| | 1 | Ms. Ekta Yadav | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Ekta Yadav | | | | | | | | |
| 2. | Enrollı | ment No. | : 09040890023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | | |
| 5. | Name | of the School | : USBAS | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 7206265909 Email: | : | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank A | Account No. | : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addres | ss 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.

٠ 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. ٠

 \diamond I am not employed anywhere.

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.

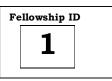
| Dated : | | Signature of the Research Fellow |
|-------------------------|---|----------------------------------|
| Certified that the encl | losed attendance record has been verified for the period from | to and also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Ekta Yadav

: 09040890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>

Fellowship ID





| Π | PROFORMA FOR SUBMITTING 1 D.No. Name of the Fellow | | Month/Period | of | Month/Period of | Fellowship | Amour |
|------|--|---|-------------------|--------|-----------------|---------------|---------|
| | | | fellowship Clair | | fellowship | amount of one | (in Rs. |
| | | | (From Month | | Claimed | month | (11110) |
| | | | (11011111101111 | ., | (To Month) | monun | |
| | 2 | Ms. Divisha Kansal | | | (10 1000100) | Rs. 25000/- | |
| | Name | of the Fellow | : Ms. Divisha Kar | nsal | | | |
| | Enroll | ment No. | : 09140890023 | | | | |
| | Month | h/Period of fellowship Claimed | : | _20_ | from : | to | |
| | Amou | nt (in Rs.) | : | (in | words): | | |
| | Name | of the School | : USBAS | | | | |
| j. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| , | N C 1 '1 | | | | | | |
| | MODII | e No. & Email ID | : 9599413090 | Email: | | | |
| | Award | d Letter No. & date(Copy Attached) | : | | | | |
|). | Name | of the Supervisor (s) | : | | | | |
| 0. | Bank | Account No. | | | IFSC Code : | | |
| | | | : Name of the Ban | k: | | | |
| | Addre | ss of the Bank | | | | | |
| reb | v decla | are that : | | | | | |
| I an | n a full ti | me research scholar of the USS/Centres of Exce | | | | | |
| | | g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc | | | | | |

I am not employed anywhere.

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 | d attendance record has been verified for the period from | to and also |
| the progress of the Sch | nolar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs (Rs: | · | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Divisha Kansal

Enrollment No.

: 09140890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IUPF

| II | D.No. | Name of the Fellow | Month/Period c fellowship Claim (From Month) | ed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) | | | | |
|------|-------------|---|--|-------|--|--------------------------------------|-------------------|--|--|--|--|
| | 3 | Ms. Shagun Singh | | | · · · · · · | Rs. 25000/- | | | | | |
| 1. | Name | of the Fellow | : Ms. Shagun Sing | h | | 1 1 | | | | | |
| 2. | Enroll | ment No. | : 09240890023 | | | | | | | | |
| 3. | Month | n/Period of fellowship Claimed | : | _20 | from : | to | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | | |
| 5. | Name | of the School | : USBAS | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 8383872432 E | mail: | | | | | | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank | Account No. | : | | IFSC Code : | | | | | | |
| | | | : Name of the Bank | | | | | | | | |
| | Addre | ess of the Bank | | | | | | | | | |
| I ar | n a full ti | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic | | | | | | | | | |

* 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

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



: Ms. Shagun Singh

Enrollment No.

: 09240890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IUPF

| Π | D.No. | Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amoun | | | |
|----|-----------------------------------|----------------------------------|---------------------|-----------------|---------------|----------|--|--|--|
| | | | fellowship Claimed | fellowship | amount of one | (in Rs.) | | | |
| | | | (From Month) | Claimed | month | | | | |
| | | | | (To Month) | | | | | |
| | 4 | Ms. Divya | | | Rs. 25000/- | | | | |
| | Name | of the Fellow | : Ms. Divya | | 1 | | | | |
| 2. | Enroll | ment No. | : 09340890023 | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | | | | |
| ŀ. | Amou | nt (in Rs.) | :(ii | n words): | | | | | |
| 5. | Name | of the School | : USBAS | | | | | | |
| 5. | Reside | ential Address | : | | | | | | |
| | | | : | | | | | | |
| | | | : | | | | | | |
| 7. | Mobil | e No. & Email ID | : 9053229972 Emai | 1: | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | |
|). | Name | of the Supervisor (s) | : | | | | | | |
| 0. | 0. Bank Account No. : IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | |
| | Addre | ss of the Bank | | | | | | | |
| 1. | | are that : | | | | | | | |

* 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.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Divya

Enrollment No.

: 09340890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>

Fellowship ID

TIDD



IUPF

| I | D.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.) | | | | | | |
|----------------------------|---|--|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| | 5 | Ms. Asmita Singh | | | Rs. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Asmita Singh | | | | | | | | | |
| 2. | Enroll | lment No. | : 09440890023 | | | | | | | | | |
| 3. | Month | n/Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| 4. | Amou | unt (in Rs.) | :(ir | words): | | | | | | | | |
| 5. | Name | of the School | USBAS | | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 9625967650 Email | : | | | | | | | | |
| 8. | Aware | d Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank | Account No. | :IFSC Code : | | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addre | ess of the Bank | | | | | | | | | | |
| I ar I ar I ar Bo | y decla n a full ti n residin n not av lies or ar | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ploved anywhere. | ellence established under Ordir h is not a government accomm | nance-35 of the University odation. | | | | | | | | |

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 att | rendance record has been verified for the period from | to and also |
| the progress of the Scholar | is satisfactory. His/her fellowship for the month of | amounting to |
| Rs (Rs: | | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs | | | | | | | | | | only). |



: Ms. Asmita Singh

Enrollment No.

: 09440890023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID



IUPF

| II | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|--------------|-------------------------|---|---|--|--------------------------------------|-------------------|
| | 6 | Mr. Kumar Vaibhav | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Kumar Vaibhav | I | 1 1 | |
| 2. | Enroll | ment No. | : 09640890023 | | | |
| 3. | Montl | n/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | unt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Resid | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 7570977865 Email | : | | |
| 8. | Awar | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| I ar I ar | n a full t n residin | are that : ime research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc | h is not a government accomme | odation. | | of the Corn |

* I am not employed anywhere.

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.

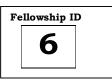
| Dated : | | Signature of the Research Fellow | |
|-------------------------|--|----------------------------------|--|
| Certified that the encl | osed attendance record has been verified for the period from | to and also | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | |
| Rs | (Rs: | only) may be released. | |

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Mr. Kumar Vaibhav

Enrollment No.

: 09640890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID





| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>F</u> |
|-----|------------|----------------------------------|---|--|--------------------------------------|--------------------|
| Π | D.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.) |
| | 7 | Ms. Naveen Jyoti | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Naveen Jyoti | | 1 | |
| 2. | Enroll | ment No. | : 09740890023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 9779027835 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss 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.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : Ms. Naveen Jyoti

: 09740890023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID

TIDD



IUPF

| | | | fellowship Claimed (From Month) | fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs. |
|------|---------|----------------------------------|------------------------------------|-------------------------------------|--------------------------------------|------------------|
| 8 | 8 | Mr. Arun Kumar | | | Rs. 25000/- | |
| . N | Name | of the Fellow | : Mr. Arun Kumar | | | |
| . E | Enrollı | ment No. | : 09840890023 | | | |
| . N | Month | /Period of fellowship Claimed | :20 |) from : | to | |
| . A | Amoui | nt (in Rs.) | :(| in words): | | |
| . N | Name | of the School | : USBAS | | | |
| . R | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| . N | Mobile | e No. & Email ID | : 7830862027 Ema | ul: | | |
| . A | Award | Letter No. & date(Copy Attached) | : | | | |
| . N | Vame | of the Supervisor (s) | : | | | |
| 0. E | Bank A | Account No. | | IFSC Code : | | |
| | | | : Name of the Bank: _ | | | |
| A | Addres | ss of the Bank | | | | |

Bodies or any other industry or from the University. * I am not employed anywhere.

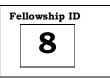
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

| Dated : | | Signature of the Research Fe | llow |
|------------------------|---|------------------------------|--------|
| Certified that the enc | losed attendance record has been verified for the period from | toand | d also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounti | ng to |
| Rs | (Rs: | only) may be rele | eased. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|----|-------|
| (Rs. | | | | | | | | | | or | nly). |



: Mr. Arun Kumar

Enrollment No.

: 09840890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| I | | 1 | | 1 1 | | |

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





IUPF

| IL | ID.No. Name of the Fellow | | Month/Period of | Amount | | | | | | | |
|----------------|-----------------------------------|---|--|------------------------------------|---------------|----------|--|--|--|--|--|
| | | | fellowship Claimed | fellowship | amount of one | (in Rs.) | | | | | |
| | | | (From Month) | Claimed | month | | | | | | |
| | | | | (To Month) | | | | | | | |
| | 9 | Mr. Sachin Dev | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Mr. Sachin Dev | | | | | | | | |
| 2. | Enroll | ment No. | : 09940890023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | | | | | | |
| 5. | Name | of the School | : USBAS | | | | | | | | |
| 6. | Reside | ntial Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8853672204 Email | : | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank / | Account No. | : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addres | ss of the Bank | | | | | | | | | |
| I arr I arr | y decla a full tin residing | tre that : me research scholar of the USS/Centres of Exc at address mentioned at Sr. No. 6 above, whic illing any other fellowship, financial assistanc | ellence established under Ordin h is not a government accommo | ance-35 of the University odation. | | | | | | | |

| or regularize the objected amount. | |
|------------------------------------|--|
| Datad . | |

| Dated : | | Signature of the Research Fellow |
|--------------------------------------|--|----------------------------------|
| Certified that the enclosed attendan | e record has been verified for the period from | toand also |
| the progress of the Scholar is sa | tisfactory. His/her fellowship for the month | of amounting to |
| Rs (Rs: | | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|------|----|
| (Rs. | | | | | | | | | | only |). |



: Mr. Sachin Dev

Enrollment No.

: 09940890023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID



IUPF

| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE | RELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|--------------|---|--|--|--|--------------------------------------|--------------------|
| I | D.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.) |
| | 10 | Ms. Muskaan Bansal | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Muskaan Bans | al | | |
| 2. | Enroll | ment No. | : 10040890023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 |) from : | to | |
| 4. | Amou | nt (in Rs.) | :(| in words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 7528870091 Ema | ul: | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: _ | | | |
| | Addres | ss of the Bank | | | | |
| I ar I ar | by decla n a full tin n residing | The that : me research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, which illing any other followship, financial assistance | llence established under Or 1 is not a government accon | linance-35 of the University modation. | | |

<u>I ho</u> * * * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Muskaan Bansal

Enrollment No.

: 10040890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>

Fellowship ID



IUPF

| | | OFORMA FOR SUBMITTING TH | | | | | | | | | | |
|------------------------------|---|---|--|-----------------------|--------------------------------------|-----------------------------|--------------------|--|--|--|--|--|
| ID | No. | Name of the Fellow | Month/Period fellowship Cla | | Month/Period of fellowship | Fellowship amount of one | Amount (in Rs.) | | | | | |
| | | | (From Mont | | Claimed | month | () | | | | | |
| | | | | | (To Month) | | | | | | | |
| 1 | 11 | Mr. Vedanga Shiva | | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Mr. Vedanga S | Shiva | | · · · · · · | | | | | | |
| 2. | Enroll | ment No. | : 10140890023 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | | | | | | |
| 5. | Name | of the School | : USBAS | | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8800828658 | Email: | | | | | | | | |
| 8 | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank / | Account No. | : | | IFSC Code : | | | | | | | |
| | | | : Name of the Ba | ink: | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | | |
| I am I am I am I am | y decla a full tin residing not ava ies or an | are that : me research scholar of the USS/Centres of Exco g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. | ellence established und h is not a government | ler Ordina accommo | nce-35 of the University. dation. | | | | | | | |

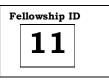
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

| 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 | of amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Mr. Vedanga Shiva

Enrollment No.

: 10140890023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID



TTTDD

IUPF

| II | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|-----|----------|----------------------------------|---|--|--------------------------------------|-------------------|
| | 12 | Ms. Dhruvi Vaish | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Dhruvi Vaish | | | |
| 2. | Enroll | ment No. | : 06016090023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 |) from : | to | |
| 4. | Amour | nt (in Rs.) | :(| in words): | | |
| 5. | Name | of the School | : USBT | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | | iil: | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: _ | | | |
| | Addres | ss of the Bank | | | | |
| | ov decla | | | | | |

÷ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Dhruvi Vaish

Enrollment No.

: 06016090023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID



| i ene aomp iz | |
|---------------|--|
| 13 | |

| | PRO | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE F | RELEASE OF FELI | LOWSHIP : IUP | <u>F</u> | | | | |
|-----|--------|----------------------------------|---|--|--------------------------------------|--------------------|--|--|--|--|
| I | D.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.) | | | | |
| | 13 | Ms. Anshu Sharma | | | Rs. 25000/- | | | | | |
| 1. | Name | of the Fellow | : Ms. Anshu Sharma | | | | | | | |
| 2. | Enroll | ment No. | : 06216090023 | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | |
| 5. | Name | of the School | : USBT | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | |
| | | | : | | | | | | | |
| | | | : | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 9821034721 Emai | 1: | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | | | | | |
| | | | : Name of the Bank: | | | | | | | |
| | Addres | ss 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.

٠ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Anshu Sharma

: 06216090023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





IUPF

| | | PRO | OFORMA FOR SUBMITTING TH | E CLAIM FOR TH | E R | <u>ELEASE OF FELI</u> | <u> LOWSHIP : IUP</u> | <u>'F'</u> |
|-------------|-----------------------------|---|---|---|---------------|--|--------------------------------------|--------------------|
| | II | D.No. | Name of the Fellow | Month/Period of fellowship Claime (From Month) | | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
| | | 14 | Ms. Sakshi | | | | Rs. 25000/- | |
| 1 | | Name | of the Fellow | : Ms. Sakshi | | L | I | |
| 2 | | Enroll | ment No. | : 06316090023 | | | | |
| 3 | | Month | /Period of fellowship Claimed | :2 | 20_ | from : | to | |
| 4 | | Amou | nt (in Rs.) | : | _(in | words): | | |
| 5 | | Name | of the School | : USBT | | | | |
| 6 | j. | Reside | ential Address | : | - | | | |
| | | | | : | | | | |
| | | | | : | | | | |
| 7 | | Mobil | e No. & Email ID | : 7015326635 En | nail: | : | | |
| 8 | | Award | Letter No. & date(Copy Attached) | : | | | | |
| 9 |). | Name | of the Supervisor (s) | : | | | | |
| 1 | 0. | Bank | Account No. | : | | IFSC Code : | | |
| | | | | : Name of the Bank: | | | | |
| | | Addre | ss of the Bank | | | | | |
| * * * | I an I an I ar Boo | y decla n a full ti n residing n not ava dies or an | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc by other industry or from the University. ployed anywhere. | ellence established under C h is not a government acco | ordina mmo | ance-35 of the University. odation. | | |

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 | of amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Sakshi

: 06316090023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



15



| Π | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|-----|--------|----------------------------------|---|--|--------------------------------------|-------------------|
| | 15 | Mr. Shakti Singh Chauhan | | | Rs. 25000/- | |
| l. | Name | of the Fellow | : Mr. Shakti Singh Ch | auhan | | |
| 2. | Enroll | ment No. | : 01416190023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 1. | Amou | nt (in Rs.) | :(ii | words): | | |
| 5. | Name | of the School | : USCT | | | |
| 5. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | | | | |
| 7. | Mobil | e No. & Email ID | : 8447004840 Emai | : | | |
| 3. | Award | Letter No. & date(Copy Attached) | : | | | |
| Э. | Name | of the Supervisor (s) | : | | | |
| 0. | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| reh | | are that : | | | | |

* * 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.

 \diamond I am not employed anywhere.

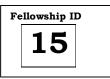
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

| Dated : | | Signature of the Research Fellow |
|------------------------|---|----------------------------------|
| Certified that the enc | losed attendance record has been verified for the period from | to and also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Mr. Shakti Singh Chauhan

Enrollment No.

: 01416190023

Fellowship started Year 20_____

| Feb | Mar | April | May | June | |
|-----|---|--|---|---|---|
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb | AugSepAugSepFebMarAugSepAugSepFebMarAugSepFebMarAugSepFebMarFebMarFebMarFebMarFebMarFebMar | AugSepOct.AugSepOct.FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarOct.FebMarAprilAugSepOct.FebSepOct.FebMarOct.FebMarOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril | AugSepOct.Nov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarAprilMayFebMarAprilMayFebSepOct.Nov.FebMarAprilMayAugSepOct.Nov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilMayFebMarAprilMayYear 20Year 20Year 20FebMarAprilMayYear 20Year 20 <t< td=""><td>AugSepOct.Nov.DecYear 20Year 20Year 20JuneFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Oct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Oct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneYear 20Year 20Year 20Year 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20</td></t<> | AugSepOct.Nov.DecYear 20Year 20Year 20JuneFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Oct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Oct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneYear 20Year 20Year 20Year 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20 |

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>

Fellowship ID



IIIPF

| II | D.No. | Name of the Fellow | Month/Perio fellowship Cl (From Mor | aimed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|-----|---------|---|---|--------|--|--------------------------------------|-------------------|
| | 16 | Ms. Megha Kwatra | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Megha K | watra | | · · · · · | |
| 2. | Enroll | ment No. | : 03369990723 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USE | | | | |
| 6. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 7303830700 | Email: | | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | | | | | |
| 10. | Bank | Account No. | : | | IFSC Code : | | |
| | | | : Name of the B | ank: | | | |
| | Addre | ss of the Bank | | | | | |
| | v decla | are that : me research scholar of the USS/Centres of Exc | | | | | |

* * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|---|--------|
| (Rs. | | | | | | | | | | (| only). |



: Ms. Megha Kwatra

Enrollment No.

: 03369990723

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID





| Π | D.No. | Name of the Fellow | Month/Period fellowship Clai (From Month | med | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
|-----|--------|----------------------------------|--|--------|--|--------------------------------------|--------------------|
| | 17 | Ms. Shweta Dogra | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Shweta Dog | gra | | 1 1 | |
| 2. | Enroll | ment No. | : 03469990723 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USE | | | | |
| 6. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobile | e No. & Email ID | : 9650225628 | Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Bar | nk: | | | |
| | Addre | ss of the Bank | | | | | |

♦ 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.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Shweta Dogra

Enrollment No.

: 03469990723

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in

Fellowship ID 18



: Name of the Bank: _____

| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR 1 | THE RE | ELEASE OF FELL | <u>.owship : IUP</u> | <u>'F</u> |
|-----|---------|----------------------------------|---|--------|--|--------------------------------------|--------------------|
| Π | D.No. | Name of the Fellow | Month/Period fellowship Clai (From Mont | med | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
| | 18 | Ms. Rajrani | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Rajrani | | | | |
| 2. | Enrollı | nent No. | : 03769990723 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amour | nt (in Rs.) | : | (in v | words): | | |
| 5. | Name | of the School | : USE | | | | |
| 6. | Reside | ntial Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobile | e No. & Email ID | : 9667373638 | Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank A | Account No. | : | | | | |

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.

٠ 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. ٠

 \diamond I am not employed anywhere.

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.

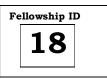
| Dated : | | Signature of the Research Fellow |
|-------------------------|---|----------------------------------|
| Certified that the encl | losed attendance record has been verified for the period from | to and also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|---|-------|
| (Rs. | | | | | | | | | | 0 | nly). |



| Name of the Fellow | |
|--------------------|--|
| Enrollment No. | |

: Ms. Rajrani

: 03769990723

| | Fellowship | started Year 20 | _ | | |
|---------|---|--|--|---|---|
| Feb Mar | | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | fear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb | FebMarAugSepAugSepFebMarAugSepYSepFebMarAugSepFebMarYFebFebSepYFebFebMarYYFebMarYYFebMarYYY <td>FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarAprilFebSepOct.FebSepOct.FebMarAprilFebSepOct.FebSepOct.FebSepOct.FebSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril</td> <td>AugSepOct.Nov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.Year 20Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarAprilMayFebMarOct.Nov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilMayFebMarAprilMayYear 20Year 20Year 20FebMarAprilMayYear 20Year 20<</td> <td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20Nov.DecAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarOct.Nov.DecYear 20Year 20Year 20JuneFebMarAprilMayJuneFebMarAprilDecDecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune</td> | FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarAprilFebSepOct.FebSepOct.FebMarAprilFebSepOct.FebSepOct.FebSepOct.FebSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril | AugSepOct.Nov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.Year 20Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarAprilMayFebMarOct.Nov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilMayFebMarAprilMayYear 20Year 20Year 20FebMarAprilMayYear 20Year 20< | FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20Nov.DecAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarOct.Nov.DecYear 20Year 20Year 20JuneFebMarAprilMayJuneFebMarAprilDecDecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune |

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





TTTDD

IUPF

| II | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|-----------------------------|--|--|---|--|--------------------------------------|-------------------|
| | 19 | Mr. Bishakh Choudhury | | | Rs. 25000/- | |
| l. | Name | of the Fellow | : Mr. Bishakh Choudh | ury | 1 1 | |
| 2. | Enroll | ment No. | : 06916390023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| ŀ. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USEM | | | |
| 5. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 9958841971 Email | : | | |
| 3. | Award | Letter No. & date(Copy Attached) | : | | | |
| €. | Name | of the Supervisor (s) | : | | | |
| 0. | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| I an I an I ar Boo | by decla n a full the n residing n not ava dies or an | are that : me research scholar of the USS/Centres of Excc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistance y other industry or from the University. ployed anywhere. | ellence established under Ordin h is not a government accomm | ance-35 of the University odation. | | |

If a loticed at a late on, so g lar ty IS ิรเ be take to refu or regularize the objected amount.

| Dated : | | Signature of the Res | earch Fellow |
|-------------------------|---|----------------------|-----------------|
| Certified that the encl | losed 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) m | ay be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Nan | ne of | the | Fellow | |
|-----|-------|-----|--------|--|
| | | | | |

: Mr. Bishakh Choudhury

Enrollment No.

: 06916390023

| | | Fellowship | started Year 20 | _ | |
|------|-----|------------|-----------------|------|------|
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Year 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | /ear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Year 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | /ear 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.

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TIDD

IUPF

| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | LOWSHIP : IUP | <u>r</u> |
|--------------|---|--|---|--|--------------------------------------|--------------------|
| Γ | D.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.) |
| | 20 | Mr. Nitesh Rout | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Nitesh Rout | | | |
| 2. | Enroll | ment No. | : 07016390023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amour | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USEM | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 8586992612 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss of the Bank | | | | |
| I aı I aı | by decla n a full tin n residing | re that : ne research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, which iling one other followship, formain accietance | ellence established under Ordina h is not a government accommo | ance-35 of the University. Idation. | | |

<u>Ih</u> * * * 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.

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 enc | osed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : Mr. Nitesh Rout

: 07016390023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

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| II | D.No. | Name of the Fellow | Month/Peric fellowship Cl (From Mor | aimed nth) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|----|--------|------------------------------------|---|---------------|--|--------------------------------------|-------------------|
| | 21 | Ms. Akshita Sharma | | | | Rs. 25000/- | |
| l. | Name | of the Fellow | : Ms. Akshita S | harma | | 1L | |
| 2. | Enroll | ment No. | : 07116390023 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| ŀ. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USEM | | | | |
| 5. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 7807928178 | Email: | | | |
| 8. | Award | l Letter No. & date(Copy Attached) | : | | | | |
| Э. | Name | of the Supervisor (s) | : | | | | |
| 0. | Bank | Account No. | : | | IFSC Code : | | |
| | | | : Name of the B | ank: | | | |
| | 1 ddma | ss of the Bank | | | | | |

÷ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Akshita Sharma

Enrollment No.

: 07116390023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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| II | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | | Ionth/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) | | | | | |
|-----|--------|------------------------------------|---|--------|--|--------------------------------------|--------------------|--|--|--|--|--|
| | 22 | Ms. Namrata Singh | | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Namrata Singl | h | | | | | | | | |
| 2. | Enroll | ment No. | : 07416390023 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :2 | 20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | : | (in wo | rds): | | | | | | | |
| 5. | Name | of the School | : USEM | | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 8896021150 Em | nail: | | | | | | | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank | Account No. | : | l | FSC Code : | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | | |
| roh | | are that : | | | | | | | | | | |

♦ 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.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Namrata Singh

Enrollment No.

: 07416390023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ŷ | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





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| | | PRO | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE F | RELEASE OF FELI | <u> LOWSHIP : IUP</u> | <u>'F'</u> | | | | | | | |
|----------------------------|-----------------------------|--|---|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|--|
| | II | D.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.) | | | | | | | |
| | | 23 | Ms. Karnika Lal | | | Rs. 25000/- | | | | | | | | |
| | 1. | Name | of the Fellow | : Ms. Karnika Lal | | | | | | | | | | |
| | 2. | Enroll | ment No. | : 07821690023 | | | | | | | | | | |
| | 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | | | | | | | | |
| | 4. Amount (in Rs.) | | nt (in Rs.) | :(ii | n words): | | | | | | | | | |
| | 5. | Name | of the School | : USHSS | | | | | | | | | | |
| | 6. | Reside | ential Address | : | | | | | | | | | | |
| | | | | : | | | | | | | | | | |
| | | | | : | | | | | | | | | | |
| | 7. | Mobil | e No. & Email ID | : 9711145515 Emai | l: | | | | | | | | | |
| | 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | | |
| | 9. | Name | of the Supervisor (s) | : | | | | | | | | | | |
| | 10. | Bank | Account No. | : | IFSC Code : | | | | | | | | | |
| | | | | : Name of the Bank: | | | | | | | | | | |
| | | Addre | ss of the Bank | | | | | | | | | | | |
| <u>I ha</u> * * * | I ar I ar I ar Boo | n a full ti n residing n not ava dies or an | are that : me research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. | h is not a government accomm | odation. | | of the Corporate | | | | | | | |

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Karnika Lal

Enrollment No.

: 07821690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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| Π | D.No. | Name of the Fellow | Month/Peric fellowship Cla (From Mor | aimed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|-----|--------|----------------------------------|--|--------|--|--------------------------------------|-------------------|
| | 24 | Ms. Surbhi Sharma | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Surbhi Sh | arma | | 1 1 | |
| 2. | Enroll | ment No. | : 07921690023 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USHSS | | | | |
| 5. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 8920858574 | Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| Э. | Name | of the Supervisor (s) | | | | | |
| 10. | Bank | Account No. | | | IFSC Code : | | |
| | | | : Name of the B | ank: | | | |
| | Addre | ss of the Bank | | | | | |
| reb | | are that : | | | | | |

* * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

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



Name of the Fellow Enrollment No. : Ms. Surbhi Sharma

: 07921690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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| II | D.No. | Name of the Fellow | Month/Period fellowship Clain (From Month | med 1) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
|-----|--------|----------------------------------|---|-----------|--|--------------------------------------|--------------------|
| | 25 | Ms. Devanshi | | | | Rs. 25000/- | |
| ۱. | Name | of the Fellow | : Ms. Devanshi | | | <u> </u> | |
| 2. | Enroll | ment No. | : 08021690023 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | _20_ | from : | to | |
| 1. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USHSS | | | | |
| 5. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 7495077008 | Email: | | | |
| 3. | Award | Letter No. & date(Copy Attached) | : | | | | |
| €. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank . | Account No. | | | IFSC Code : | | |
| | | | : Name of the Ban | ık: | | | |
| | | ss of the Bank | | | | | |

* I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Devanshi

: 08021690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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26



| II | D.No. | Name of the Fellow | Month/Peric fellowship Cla (From Mor | aimed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|----|--------|----------------------------------|--|---------|--|--------------------------------------|-------------------|
| | 26 | Ms. Shubangi Srivastava | | | | Rs. 25000/- | |
| | Name | of the Fellow | : Ms. Shubangi | Srivast | ava | | |
| 2. | Enroll | ment No. | : 08121690023 | | | | |
| 5. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| ŀ. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USHSS | | | | |
| 5. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 9718123178 | Email: | | | |
| 3. | Award | Letter No. & date(Copy Attached) | : | | | | |
| Э. | Name | of the Supervisor (s) | : | | | | |
| 0. | Bank | Account No. | : | | IFSC Code : | | |
| | | | : Name of the B | ank: | | | |
| | Addre | ss of the Bank | | | | | |

÷ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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 Fe | low |
|-------------------------|--|------------------------------|--------|
| Certified that the encl | osed attendance record has been verified for the period from | toand | l also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amountin | ig to |
| Rs | (Rs: | only) may be rele | ased. |

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

Signature of supervisor with stamp

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



Name of the Fellow

: Ms. Shubangi Srivastava

Enrollment No.

: 08121690023

| Fellowship | started | Year | 20 | |
|------------|---------|------|----|--|
| _ | | | | |

| Feb | Mar | April | May | June | |
|-----|---|--|--|--|--|
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Year 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb | Aug Sep Aug Sep Feb Mar Aug Sep Aug Sep Feb Mar Y Y Feb Mar Y Y Feb Mar Y Y< | AugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarAprilImage: AugSepOct.FebMarOct.FebMarAprilImage: AugSepOct.FebMarOct.Image: AugSepOct.Image: AugSepImage: AugImage: AugSepImage: AugImage: AugImage | AugSepOct.Nov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.Year 20Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarAprilMayLSepOct.Nov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilNov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilMayYear 20Year 20 <td>AugSepOct.Nov.DecYear 20Year 20Year 20JuneFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarOct.Nov.DecAugSepOct.Nov.DecYear 20Oct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Oct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20Yea</td> | AugSepOct.Nov.DecYear 20Year 20Year 20JuneFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarOct.Nov.DecAugSepOct.Nov.DecYear 20Oct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Oct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20Yea |

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





IUPF

| | PR | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | <u> .OWSHIP : IUP</u> | <u>'F</u> |
|---|--|---|---|--|--------------------------------------|--------------------|
| II | D.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.) |
| | 27 | Ms. Priyanka Yadav | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Priyanka Yadav | | | |
| 2. | Enroll | ment No. | : 08221690023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USHSS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8700514296 Email | · | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ I an ♦ I an ♦ I an ⊕ Boo ♦ I an I an I f as a | n a full ti n residing n not ava dies or an n not emp result | are that : me research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir the objected amount. | th is not a government accommo e, grants, etc from any other C | odation. ovt./Public Institutions, c | or from the CSR Funds | * |

| Dated : | Signature of the Research Fellow |
|---|----------------------------------|
| Certified that the enclosed attendance record has been verified for the period from _ | toand also |
| the progress of the Scholar is satisfactory. His/her fellowship for the month of | of amounting to |
| Rs. (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Priyanka Yadav

Enrollment No.

: 08221690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ŷ | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR | THE R | ELEASE OF FELI | LOWSHIP : IUP | T |
|----------------------|--|--|--|-------------------------|--|--------------------------------------|-------------------|
| II | D.No. | Name of the Fellow | Month/Peric fellowship Cla (From Mor | aimed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
| | 28 | Ms. Tannu | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Tannu | | | | |
| 2. | Enroll | ment No. | : 08321690023 | | | | |
| 3. | Month | h/Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USHSS | | | | |
| 6. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 8586939942 | Email | | | |
| 8. | Award | d Letter No. & date(Copy Attached) | | | | | |
| 9. | Name | of the Supervisor (s) | | | | | |
| 10. | Bank | Account No. | : | | IFSC Code : | | |
| | | | : Name of the B | ank: | | ······ | |
| | Addre | ss of the Bank | | | | | |
| I an I an I an | y decla n a full ti n residing n not av | are that : me research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc by other industry or from the University. | ellence established ur h is not a governmen | nder Ordin t accomme | ance-35 of the University. odation. | | |

I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Tannu

: 08321690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





IUPF

| Π | D.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.) | | | | | | |
|-----------------------------|--|---|--|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| | 29 | Ms. Khushi Gupta | | | Rs. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Khushi Gupta | | | | | | | | | |
| 2. | Enroll | ment No. | : 08421690023 | | | | | | | | | |
| 3. | Month | n/Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| 4. | Amou | unt (in Rs.) | :(| n words): | | | | | | | | |
| 5. | Name | of the School | : USHSS | | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 7982172134 Ema | il: | | | | | | | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: _ | | | | | | | | | |
| | Addre | ess of the Bank | | | | | | | | | | |
| I an I an I an Boo | n a full ti n residing n not ava dies or an | are that : ime research scholar of the USS/Centres of Exco g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ploved anywhere. | ellence established under Ord h is not a government accom | inance-35 of the University modation. | | | | | | | | |

*

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Khushi Gupta

Enrollment No.

: 08421690023

| | Fellowship | started Year 20 | _ | | |
|-----|---|---|--|---|--|
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | fear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | fear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb Feb Feb Feb Feb | FebMarAugSepAugSepFebMarAugSepYFebFebMarAugSepFebMarYFebFebMarYFebFebMarYYFebMarYYY <t< td=""><td>AugSepOct.AugSepOct.FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebSepOct.FebMarAprilAugSepOct.FebSepOct.FebSepOct.FebSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril</td><td>FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarOct.Nov.FebMarAprilMayImage: SepOct.Nov.FebMarAprilMayImage: SepOct.Nov.FebMarAprilMayImage: SepOct.Nov.Image: SepImage: SepNov.Image: SepImage: SepImage: SepImage: SepImage: SepImage: SepImage: SepImage: SepImage: Sep<t< td=""><td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarOct.Nov.DecYear 20Year 20Year 20FebMarOct.Nov.DecAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20</td></t<></td></t<> | AugSepOct.AugSepOct.FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebSepOct.FebMarAprilAugSepOct.FebSepOct.FebSepOct.FebSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril | FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarOct.Nov.FebMarAprilMayImage: SepOct.Nov.FebMarAprilMayImage: SepOct.Nov.FebMarAprilMayImage: SepOct.Nov.Image: SepImage: SepNov.Image: SepImage: SepImage: SepImage: SepImage: SepImage: SepImage: SepImage: SepImage: Sep <t< td=""><td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarOct.Nov.DecYear 20Year 20Year 20FebMarOct.Nov.DecAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20</td></t<> | FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarOct.Nov.DecYear 20Year 20Year 20FebMarOct.Nov.DecAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20 |

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





TTTDD

IUPF

| ID |).No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) | | | | | | |
|---|---|--|---|--|--------------------------------------|-------------------|--|--|--|--|--|--|
| 3 | 30 | Ms. Kashika Wadhwa | | | Rs. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Kashika Wadhw | a | 1 1 | | | | | | | |
| 2. | Enroll | ment No. | : 23116490023 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| 1. . | Amou | nt (in Rs.) | :(in | words): | | | | | | | | |
| 5. | Name | of the School | : USIC&T | | | | | | | | | |
| 5. | Reside | ntial Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobile | e No. & Email ID | | : | | | | | | | | |
| 3. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
|). | Name | of the Supervisor (s) | : | | | | | | | | | |
| 0. | Bank / | Account No. | : | | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | | |
| reby I am I am I am Bodi | y decla a full tin residing not ava ies or an | The that : me research scholar of the USS/Centres of Excu g at address mentioned at Sr. No. 6 above, whic uiling any other fellowship, financial assistanc y other industry or from the University. oloyed anywhere. | ellence established under Ordin h is not a government accomm | ance-35 of the University odation. | | | | | | | | |

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 : | ated : Signature of the Research Fellow | | | | | | | | | | |
|-------------------------|--|--------------------|------|--|--|--|--|--|--|--|--|
| Certified that the encl | osed 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 | g to | | | | | | | | |
| Rs | (Rs: | only) may be relea | sed. | | | | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow | : Ms. Kashika Wadhwa |
|--------------------|----------------------|
| Enrollment No. | : 23116490023 |

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| ID | .No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) | | | | | |
|--------------|--------|----------------------------------|---|--|--------------------------------------|-------------------|--|--|--|--|--|
| 3 | 81 | Ms. Neha | | | Rs. 25000/- | | | | | | |
| l . : | Name | of the Fellow | : Ms. Neha | | 1 1 | | | | | | |
| 2. | Enroll | ment No. | : 23716490023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 1. . | Amou | nt (in Rs.) | : (in words): | | | | | | | | |
| 5. | Name | of the School | : USIC&T | | | | | | | | |
| 5. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 9572358547 Email | : | | | | | | | |
| 3. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
|). | Name | of the Supervisor (s) | : | | | | | | | | |
| 0. | Bank 4 | Account No. | : | IFSC Code : | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |

* 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow | : Ms. Neha |
|--------------------|---------------|
| Enrollment No. | : 23716490023 |

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





IIIPF

| L | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) | | | | | |
|-----|--------|----------------------------------|---|--|--------------------------------------|-------------------|--|--|--|--|--|
| | 32 | Ms. Nidhi Sharma | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Nidhi Sharma | | 1 | | | | | | |
| 2. | Enroll | ment No. | : 24116490023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | :(i | n words): | | | | | | | |
| 5. | Name | of the School | : USIC&T | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7 | M 1 '1 | | : | | | | | | | | |
| 7. | | e No. & Email ID | : 8950889739 Ema | | | | | | | | |
| 8. | | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank | Account No. | :IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |

I am not employed anywhere.

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 | | | | | | | | | | | | | 30 | | |

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Nidhi SharmaEnrollment No.: 24116490023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| I | I | I | I | I | I | |

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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE | RE | LEASE OF FELI | LOWSHIP : IUP | <u>T</u> | | | | |
|------|------------|----------------------------------|---|------|--|--------------------------------------|--------------------|--|--|--|--|
| Ι | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | 1 | Month/Period of fellowship Claimed | Fellowship amount of one month | Amount (in Rs.) | | | | |
| - | 33 | Ms. Kirti | | | (To Month) | Rs. 25000/- | | | | | |
| 1. | Name | of the Fellow | : Ms. Kirti | | | | | | | | |
| 2. | Enrollı | ment No. | : 24316490023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | 0 | from : | to | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | | |
| 5. | Name | of the School | : USIC&T | | | | | | | | |
| 6. | Reside | ntial Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8130378414 Ema | ail: | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank A | Account No. | : | | _IFSC Code : | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addres | ss of the Bank | | | | | | | | | |
| ereł | ov decla | re that : | | | | | | | | | |

<u>I h</u> * 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

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



Name of the Fellow: Ms. KirtiEnrollment No.: 24316490023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





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| | PROFORMA FOR SUBMITTING TH | | | | | | | | | |
|-----------|---|---------------------------------|------------------------------|-----------------------|--------------|--|--|--|--|--|
| ID.No | D. Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amoun | | | | | |
| | | fellowship Claimed | fellowship Claimed | amount of one | (in Rs.) | | | | | |
| | | (From Month) | (To Month) | month | | | | | | |
| 34 | Ms. Chandni Kohli | | (10 Wolldi) | Rs. 25000/- | | | | | | |
| 1 Na | me of the Fellow | : Ms. Chandni Kohli | | | | | | | | |
| | | | | | | | | | | |
| 2. Eni | rollment No. | : 24516490023 | | | | | | | | |
| 3. Mo | onth/Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. An | nount (in Rs.) | :(in | words): | | | | | | | |
| 5. Na | me of the School | : USIC&T | | | | | | | | |
| 6. Res | sidential Address | : | | | | | | | | |
| | | : | | | | | | | | |
| | | : | | | | | | | | |
| 7. Mo | bile No. & Email ID | : 9873234388 Email | | | | | | | | |
| 8. Aw | vard Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. Na | me of the Supervisor (s) | : | | | | | | | | |
| 10. Bai | nk Account No. | : | IFSC Code : | | | | | | | |
| | | : Name of the Bank: | | | | | | | | |
| Ad | dress of the Bank | | | | | | | | | |
| | eclare that : | | | | | | | | | |
| I am a fu | ill time research scholar of the USS/Centres of Exc | | | | | | | | | |
| | iding at address mentioned at Sr. No. 6 above, which t availing any other fellowship, financial assistance | | | or from the CSD Funda | of the Com | | | | | |
| | or any other industry or from the University. | c, grants, etc from any other C | Jovi./Tublic institutions, (| or more the CSK Funds | or the Corpo | | | | | |

* I am not employed anywhere.

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 | V |
|-------------------------|--|----------------------------------|----|
| Certified that the encl | osed attendance record has been verified for the period from | to and als | 50 |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting | to |
| Rs | (Rs: | only) may be release | d. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Chandni KohliEnrollment No.: 24516490023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| II | | | | | | |

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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| II |).No. | Name of the Fellow | Month/Peric | | Month/Period of fellowship | Fellowship amount of one | Amoun (in Rs.) | | | | |
|-----|--------|----------------------------------|-----------------|--------|-------------------------------|-----------------------------|-------------------|--|--|--|--|
| | | | (From Mor | | Claimed | month | (11103.) | | | | |
| | | | |) | (To Month) | | | | | | |
| į | 35 | Mr. Nitendra Singh | | | | Rs. 25000/- | | | | | |
| 1. | Name | of the Fellow | : Mr. Nitendra | Singh | | | | | | | |
| 2. | Enroll | ment No. | : 25316490023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | | | | | |
| 4. | Amour | nt (in Rs.) | :(in words): | | | | | | | | |
| 5. | Name | of the School | : USIC&T | | | | | | | | |
| 5. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 9891073570 | Email: | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| Э. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank A | Account No. | :IFSC Code : | | | | | | | | |
| | | | : Name of the B | ank: | | | | | | | |
| | Addres | ss of the Bank | | | | | | | | | |

* I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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. ٠

 \diamond I am not employed anywhere.

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 | | | | | | | | |
|-----------------------------------|---|------------------------|--|--|--|--|--|--|
| Certified that the encl | losed attendance record has been verified for the period from | toand also | | | | | | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | | | | | | |
| Rs | (Rs: | only) may be released. | | | | | | |

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Mr. Nitendra Singh

Enrollment No.

: 25316490023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| Π | D.No. Name of the Fellow | | Month/Perio | Fellowship | Amour | | | | | | |
|-----|--------------------------|----------------------------------|-----------------|------------|------------|---------------|---------|--|--|--|--|
| | | | fellowship Cl | | fellowship | amount of one | (in Rs. | | | | |
| | | | (From Mor | nth) | Claimed | month | | | | | |
| | | | | | (To Month) | | | | | | |
| | 36 | Ms. Anshika Jain | | | | Rs. 25000/- | | | | | |
| 1. | Name | of the Fellow | : Ms. Anshika | Jain | | L | | | | | |
| 2. | Enroll | ment No. | : 25716490023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | | |
| 5. | Name | of the School | : USIC&T | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 9999575772 | Email: | · | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank A | Account No. | : IFSC Code : | | | | | | | | |
| | | | : Name of the B | ank: | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |

* I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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. ٠

 \diamond I am not employed anywhere.

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 enc | osed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Anshika JainEnrollment No.: 25716490023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F'</u> |
|-----|------------|----------------------------------|---------------------|-----------------|-----------------|------------|
| II | D.No. | Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amount |
| | | | fellowship Claimed | fellowship | amount of one | (in Rs.) |
| | | | (From Month) | Claimed | month | |
| | ~ - | | | (To Month) | D 05000/ | |
| | 37 | Mr. Laxman Singh | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Laxman Singh | | · | |
| 2. | Enrollı | nent No. | : 25816490023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USIC&T | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 7060341606 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss of the Bank | | | | |
| | | 1 1 1 | | | | |

I hereby declare that :

✤ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Mr. Laxman Singh

Enrollment No.

: 25816490023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>F</u> |
|-----|------------|----------------------------------|---|--|--------------------------------------|--------------------|
| | D.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.) |
| | 38 | Ms. Anushka Bhardwaj | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Anushka Bhardy | vaj | | |
| 2. | Enroll | ment No. | : 25916490023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USIC&T | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss 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.

٠ 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. ٠

 \diamond I am not employed anywhere.

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 F | Fellow |
|-------------------------|--|-----------------------------|---------|
| Certified that the encl | osed attendance record has been verified for the period from | toa | nd also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amount | ting to |
| Rs | (Rs: | only) may be re | leased. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow | : Ms. Anushka Bhardwaj |
|--------------------|------------------------|
| Enrollment No. | : 25916490023 |

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IUPF

| II |).No. | Name of the Fellow | Month/Perio fellowship Cla (From Mon | aimed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amour (in Rs. |
|-----|--------|----------------------------------|--|--------|--|--------------------------------------|------------------|
| ł | 39 | Ms. Anjali Sorout | | | | Rs. 25000/- | |
| | Name | of the Fellow | : Ms. Anjali So | rout | | 1 1 | |
| 2. | Enroll | ment No. | : 26216490023 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 1. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USIC&T | | | | |
| 5. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 7838343585 | Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| Э. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank . | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Ba | ank: | | | |
| | Addre | ss of the Bank | | | | | |

* 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|---|-------|
| (Rs. | | | | | | | | | | 0 | nly). |



Name of the Fellow: Ms. Anjali SoroutEnrollment No.: 26216490023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| LI | | | | | | |

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.

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TTTDD

IUPF

| II | D.No. | Name of the Fellow | Month/Period fellowship Clai (From Mont | imed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
|-----|--------|----------------------------------|---|--------|--|--------------------------------------|--------------------|
| ' | 40 | Ms. Gayatri | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Gayatri | | | · · · · · · | |
| 2. | Enroll | ment No. | : 26616490023 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USIC&T | | | | |
| 6. | Reside | ential Address | : | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8076221542 | Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank A | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Ba | nk: | | | |
| | Addre | ss of the Bank | | | | | |
| roh | | are that : | | | | | |

* 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.

 \diamond I am not employed anywhere.

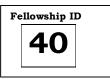
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

| Dated : | | Signature of the Research Fellow |
|-------------------------|--|----------------------------------|
| Certified that the encl | osed attendance record has been verified for the period from | to and also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow | : Ms. Gayatri |
|--------------------|---------------|
| Enrollment No. | : 26616490023 |

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | I | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IIIPF

| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE | RELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|------|---------|----------------------------------|---|--|--------------------------------------|--------------------|
| I | D.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.) |
| | 41 | Ms. Priya Bhardwaj | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Priya Bhardwa | j | J 1 | |
| 2. | Enrollı | nent No. | : 11216590023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amour | nt (in Rs.) | :(| in words): | | |
| 5. | Name | of the School | : USLLS | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 7376098431 Ema | il: | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: _ | | | |
| | Addres | ss of the Bank | | | | |
| eret | | re that : | | | | |

<u>I h</u> * 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.

٠ 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.

 \diamond I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Priya Bhardwaj

Enrollment No.

: 11216590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IIIPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE F | RELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|---|---|---|--|---|--------------------------------------|--------------------|
| I | D.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.) |
| | 42 | Mr. Himanshu Vashistha | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Himanshu Vash | istha | | |
| 2. | Enroll | ment No. | : 11416590023 | | | |
| 3. | Montl | n/Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(ir | n words): | | |
| 5. | Name | of the School | : USLLS | | | |
| 6. | Resid | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9782065815 Emai | l: | | |
| 8. | Awar | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| ✤ I a ♦ I a ♥ I a Bc ♦ I a I a | by decl m a full t m residin m not av odies or ar m not em result | are that : ime research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ployed anywhere. of check or audit objection, some ir the objected amount. | ellence established under Ordin h is not a government accomm e, grants, etc from any other (| nance-35 of the University iodation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| Dated | : | | | Signatu | re of the Research | Fellow |
| | | | | | | |

Certified that the enclosed attendance record has been verified for the period from ______ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of ______ amounting to

Rs._____ (Rs: ______ only) may be released.

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

Signature of supervisor with stamp

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



| Name | of | the | Fel | low |
|------|----|-----|-----|-----|
| | | | | |

: Mr. Himanshu Vashistha

Enrollment No.

: 11416590023

| | | Fellowship | started Year 20 | _ | |
|------|-----|------------|-----------------|------|------|
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Tear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | fear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Tear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Tear 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





IUPF

| | PR | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | <u>.owship : IUP</u> | <u>'F</u> |
|---|--|---|---|--|--------------------------------------|--------------------|
| I | D.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.) |
| | 43 | Ms. Gursharan Kaur | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Gursharan Kaur | | | |
| 2. | Enroll | ment No. | : 11716590023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USLLS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8860889067 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✓ I ar ✓ I ar ✓ I ar Boo ✓ I ar I ar I f as a | n a full ti n residing n not ava dies or an n not emp result | are that : me research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. oloyed anywhere. of check or audit objection, some in the objected amount. | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, c | or from the CSR Funds | of the Corporate |
| Dated : | | | | Signatur | e of the Research | Fellow |
| Certified | d that tl | ne enclosed attendance record has be | en verified for the period | l from | _to | and also |

the progress of the Scholar is satisfactory. His/her fellowship for the month of ______ amounting to

Rs._____ (Rs: ______ only) may be released.

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Gursharan Kaur

Enrollment No.

: 11716590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





TTTDD

IUPF

| II | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month)Month/Period of fellowship Claimed (To Month)Fellowship amount of one monthAmount (in Rs.) | | | | | | | | |
|-----|--------|----------------------------------|---|--------|-------------|-------------|--|--|--|--|--|
| | 44 | Ms. Arunima Bansal | | | | Rs. 25000/- | | | | | |
| 1. | Name | of the Fellow | : Ms. Arunima I | Bansal | | | | | | | |
| 2. | Enroll | ment No. | : 12116590023 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | | | | | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobil | e No. & Email ID | | | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | | | | | | | | | |
| 10. | Bank | Account No. | : | | IFSC Code : | | | | | | |
| | | | : Name of the Ba | nk: | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |
| rob | | are that : | | | | | | | | | |

* I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

 \Leftrightarrow 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.

 \diamond I am not employed anywhere.

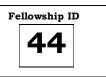
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

| Dated : | | Signature of the Research Fellow |
|-------------------------|--|----------------------------------|
| Certified that the encl | osed attendance record has been verified for the period from | to and also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No.

: Ms. Arunima Bansal

: 12116590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





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| | | OFORMA FOR SUBMITTING TH | | | | | |
|------|----------|--|----------------------------------|--------|-------------------------------|-----------------------------|------------------|
| IL |).No. | Name of the Fellow | Month/Period fellowship Clair | | Month/Period of fellowship | Fellowship amount of one | Amour (in Rs. |
| | | | (From Month | | Claimed | month | (III KS. |
| | | | |) | (To Month) | monui | |
| 1 | 45 | Ms. Shikha Sharma | | | (11111) | Rs. 25000/- | |
| l. | Name | of the Fellow | : Ms. Shikha Sha | rma | | I I | |
| 2. | Enroll | ment No. | : 12516590023 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | _20_ | from : | to | |
| 1. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USLLS | | | | |
| 6. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 8700573835 | Email: | | | |
| 8. | Award | l Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Ban | k: | | | |
| | Addre | ss of the Bank | | | | | |
| | v decla | are that : | | | | | |
| | | me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic | | | | | |
| I an | n not av | ailing any other fellowship, financial assistanc | | | | or from the CSR Funds | of the Corp |
| | | ny other industry or from the University. | | | | | |

 \Leftrightarrow

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 encl | osed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs (| Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Shikha Sharma

Enrollment No.

: 12516590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

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| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE I | RELEASE OF FELI | LOWSHIP : IUP | <u>r</u> | | | | |
|------|------------|----------------------------------|--------------------------|-----------------|---------------|----------|--|--|--|--|
| II | D.No. | Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amount | | | | |
| | | | fellowship Claimed | fellowship | amount of one | (in Rs.) | | | | |
| | | | (From Month) | Claimed | month | | | | | |
| | 46 | Ms. Shubhangi Baranwal | | (To Month) | Rs. 25000/- | | | | | |
| | 40 | MS. Shubhangi baranwar | R\$. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Shubhangi Baranwal | | | | | | | |
| 2. | Enrollı | ment No. | : 12616590023 | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | | | | | |
| 4. | Amour | nt (in Rs.) | :(in words): | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | |
| 6. | Reside | ntial Address | : | | | | | | | |
| | | | : | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 9452460086 Emai | l: | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | | | | | |
| | | | : Name of the Bank: | | | | | | | |
| | Addres | ss of the Bank | | | | | | | | |
| eret | | re that : | | | | | | | | |

<u>I ho</u> * 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Shubhangi Baranwal

Enrollment No.

: 12616590023

| | | Fellowship | started Year 20 | _ | |
|------|-----|------------|-----------------|------|------|
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Ŷ | /ear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Year 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Year 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | 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.

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| Ι | D.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.) | | | | | | |
|----|--|----------------------------------|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| | 47 | Ms. Bhawna Sachdeva | | (10 Month) | Rs. 25000/- | | | | | | | |
| • | Name | of the Fellow | : Ms. Bhawna Sachdev | /a | | | | | | | | |
| 2. | Enrollı | nent No. | : 12716590023 | | | | | | | | | |
| 5. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| ŀ. | Amou | nt (in Rs.) | :(in | words): | | | | | | | | |
| | Name | of the School | : USLLS | | | | | | | | | |
| 5. | Reside | ntial Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | Mobile | e No. & Email ID | : 9599739973 Email | : | | | | | | | | |
| | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
|). | Name | of the Supervisor (s) | : | | | | | | | | | |
| 0. | Bank A | Account No. | : | | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addres | ss of the Bank | | | | | | | | | | |
| Ia | <u>oy decla</u> n a full tii | ss of the Bank | ellence established under Ordir | nance-35 of the University | | | | | | | | |

<u>I ho</u> * * * 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.

 \diamond I am not employed anywhere.

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 encl | osed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs (| Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No.

: Ms. Bhawna Sachdeva

: 12716590023

| Feb Aug | Mar | April | May | T T | |
|------------|---|---|---|---|---|
| Αμσ | | | Widy | June | |
| 1100 | Sep | Oct. | Nov. | Dec | |
| I | Y | fear 20 | | |] |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | fear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | fear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | \neg |
| | Feb Aug Feb Aug Feb Aug Feb Feb Feb | Feb Mar Aug Sep Aug Sep Feb Mar Aug Sep Feb Mar Y Y Feb Mar Y Y Feb Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y | Image: New Year 20 Year 20 Feb Mar April Aug Sep Oct. Feb Mar April Feb Mar April Feb Mar Oct. Feb Mar Oct. Feb Mar April Aug Sep Oct. Feb Mar April Aug Sep Oct. Feb Mar Oct. Feb Mar Oct. Feb Mar April Feb Mar April Feb Mar April Feb Mar April | Feb Mar April May Aug Sep Oct. Nov. Year 20 Year 20 Nov. Nov. Aug Sep Oct. Nov. Feb Mar April May Year 20 Year 20 Nov. Nov. Feb Mar April May Aug Sep Oct. Nov. Year 20 Year 20 Nov. Nov. Feb Mar April May Aug Sep Oct. Nov. Year 20 Year 20 Nov. Nov. Feb Mar Oct. Nov. Nov. Feb Mar April May Nov. Year 20 | Image: Second |

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.

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| ID.1 | No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | d | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) | | | | | |
|--|--|---|---|--------------|--|--------------------------------------|--------------------|--|--|--|--|--|
| 4 | 8 | Mr. Avinash Kumar | | | | Rs. 25000/- | | | | | | |
| 1. N | Jame | of the Fellow | : Mr. Avinash Kum | ar | | | | | | | | |
| 2. E | Enrollı | ment No. | : 12816590023 | | | | | | | | | |
| 3. N | /Ionth | /Period of fellowship Claimed | :2 | 20 | from : | to | | | | | | |
| 4. A | mou | nt (in Rs.) | : | (in | words): | | | | | | | |
| 5. N | Jame | of the School | : USLLS | | | | | | | | | |
| 6. R | Reside | ntial Address | : | | | | | | | | | |
| 7. N | Ichile | e No. & Email ID | : | | | | | | | | | |
| | | Letter No. & date(Copy Attached) | | | | | | | | | | |
| - | | of the Supervisor (s) | : | | | | | | | | | |
| | | Account No. | : | | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| А | Addres | ss of the Bank | | | | | | | | | | |
| Ereby I am a I am ro I am r Bodies | decla full tin residing not ava s or any | The that : ne research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, whici iling any other fellowship, financial assistance y other industry or from the University. | ellence established under O h is not a government acco | rdina mmo | ance-35 of the University. dation. | | | | | | | |

*

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 encl | osed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs (| Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Mr. Avinash Kumar

Enrollment No.

: 12816590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

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| ID.No. | Name of the Fellow | Month/Period of | Month/Period of | | |
|--|--|--|--------------------------------------|-----------------------------|--------------------|
| ID.NO. | Name of the Fellow | fellowship Claimed | fellowship | Fellowship amount of one | Amount (in Rs.) |
| | | (From Month) | Claimed | month | (1113.) |
| | | | (To Month) | linoitui | |
| 49 | Mr. Ankit Yadav | | | Rs. 25000/- | |
| 1. Name | ne of the Fellow | : Mr. Ankit Yadav | | | |
| 2. Enrol | ollment No. | : 13016590023 | | | |
| 3. Mont | th/Period of fellowship Claimed | :20_ | from : | to | |
| 4. Amou | ount (in Rs.) | :(ii | n words): | | |
| 5. Name | e of the School | : USLLS | | | |
| 6. Resid | dential Address | : | | | |
| | | : | | | |
| | | : | | | |
| 7. Mobi | ile No. & Email ID | : 8795558095 Emai | 1: | | |
| 8. Awar | rd Letter No. & date(Copy Attached) | : | | | |
| 9. Name | ne of the Supervisor (s) | : | | | |
| 10. Bank | k Account No. | : | IFSC Code : | | |
| | | : Name of the Bank: | | | |
| Addre | ress of the Bank | | | | |
| | clare that : | | | | |
| | | | | <i>.</i> | |
| | availing any other fellowship, financial assistance | | | or from the CSR Funds | of the Cor |
| ereby decl I am a full t I am residir I am not av | clare that : time research scholar of the USS/Centres of Exc ing at address mentioned at Sr. No. 6 above, whic | ellence established under Ordi h is not a government accomn | nance-35 of the University nodation. | <i>.</i> | |

* I am not employed anywhere.

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 enclo | osed attendance record has been verified for the period from | toand also |
| the progress of the S | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs (| Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Mr. Ankit Yadav

Enrollment No.

: 13016590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | II | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 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.

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| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUF | <u> •F</u> |
|--|---|--|--|--|--------------------------------------|--------------------|
| Ι | D.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.) |
| | 50 | Ms. Jessica Mary Mathew | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Jessica Mary Ma | thew | | |
| 2. | Enroll | ment No. | : 13116590023 | | | |
| 3. | Month | n/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USLLS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9999374127 Email: | : | | |
| 8. | Awaro | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| ✤ I an ♦ I an ♦ I an Bo ♦ I an Bo ♦ I an I an Bo | m a full ti m residin m not av dies or ar m not em result | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ployed anywhere. of check or audit objection, some ir the objected amount. | h is not a government accommo e, grants, etc from any other C | odation. Govt./Public Institutions, o | or from the CSR Funds | × |
| Dated : | | | | Signatu | re of the Research | Fellow |
| Certifie | d that t | he enclosed attendance record has be | en verified for the period | l from | _to | and also |
| | | of the Scholar is satisfactory. His/l | | | | |
| Rs | | (Rs: | | | only) may be | released. |

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

Signature of supervisor with stamp

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



| Name | of | the | Fel | low |
|------|----|-----|-----|-----|
| | | | | |

: Ms. Jessica Mary Mathew

Enrollment No.

: 13116590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | I | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

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| | | DFORMA FOR SUBMITTING TH | | | | |
|--------|----------|--|---|--|--------------------------------------|-------------------|
| ID.1 | No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
| 5 | 1 | Ms. Ritu Paul | | | Rs. 25000/- | |
| 1. N | ame | of the Fellow | : Ms. Ritu Paul | | | |
| 2. E | nrollı | ment No. | : 13216590023 | | | |
| 3. M | Ionth | /Period of fellowship Claimed | :20_ | from : | to | |
| | | nt (in Rs.) | :(in | | | |
| 5. N | lame | of the School | : USLLS | , <u> </u> | | |
| 6. R | eside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. N | lobile | e No. & Email ID | : 9315506454 Email | : | | |
| 8. A | ward | Letter No. & date(Copy Attached) | : | | | |
| 9. N | lame | of the Supervisor (s) | : | | | |
| 10. B | ank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| А | ddres | ss of the Bank | | | | |
| I am a | full tir | Ire that : me research scholar of the USS/Centres of Excu | | | | |
| I am n | not ava | g at address mentioned at Sr. No. 6 above, whic iling any other fellowship, financial assistanc v other industry or from the University. | | | or from the CSR Funds | of the Corp |

* I am not employed anywhere.

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 : | tted : Signature of the Research Fellow | | | | | | | | | | | |
|---|---|------|--|--|--|--|--|--|--|--|--|--|
| Certified that the enclosed attendance record has been verifi | ied for the period from to and a | also | | | | | | | | | | |
| the progress of the Scholar is satisfactory. His/her fello | owship for the month of amounting | to | | | | | | | | | | |
| Rs (Rs: | only) may be releas | sed. | | | | | | | | | | |

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Ritu PaulEnrollment No.: 13216590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





TTTDD

IUPF

| | <u>PRC</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE I | RELEASE OF FELI | LOWSHIP : IUP | <u>r</u> | | | | | | |
|------|------------|----------------------------------|---------------------------------------|-------------------------------|-----------------------------|--------------------|--|--|--|--|--|--|
| Π | D.No. | Name of the Fellow | Month/Period of fellowship Claimed | Month/Period of fellowship | Fellowship amount of one | Amount (in Rs.) | | | | | | |
| | | | (From Month) | Claimed | month | | | | | | | |
| | | | | (To Month) | D 05000/ | | | | | | | |
| | 52 | Ms. Renu | | | Rs. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Renu | | • | | | | | | | |
| 2. | Enrollı | ment No. | : 13516590023 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | | |
| 6. | Reside | ntial Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 9518051060 Emai | 1: | | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addres | ss of the Bank | | | | | | | | | | |
| ereł | | re that : | | | | | | | | | | |

<u>I h</u> * 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. ٠

 \diamond I am not employed anywhere.

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 : | ated : Signature of the Research Fellow | | | | | | | | | | |
|------------------------|---|------------------------|--|--|--|--|--|--|--|--|--|
| Certified that the enc | losed attendance record has been verified for the period from | to and also | | | | | | | | | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | | | | | | | | | |
| Rs | (Rs: | only) may be released. | | | | | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Renu

Enrollment No.

: 13516590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | PRC | FORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | F | | | | | | |
|----------|----------|----------------------------------|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| IC |).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.) | | | | | | |
| ļ | 53 | Ms. Deepanjali Kashyap | | | Rs. 25000/- | | | | | | | |
| • | Name | of the Fellow | : Ms. Deepanjali Kashy | yap | 1 | | | | | | | |
| 2. | Enrollr | ment No. | : 13616590023 | | | | | | | | | |
| 3. | Month | Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| ŀ. | Amour | nt (in Rs.) | :(in words): | | | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | | |
| . | Reside | ntial Address | : | | | | | | | | | |
| , | N 7 1 'I | | : | | | | | | | | | |
| - | | No. & Email ID | : 9999067271 Email: | | | | | | | | | |
| | | Letter No. & date(Copy Attached) | : | | | | | | | | | |
|). | Name | of the Supervisor (s) | : | | | | | | | | | |
| 0 | Bank A | Account No. | : IFSC Code : | | | | | | | | | |
| 10. | | | · Nama of the Dank: | | | | | | | | | |
| 0. | | | • Name of the Dalk. | | | | | | | | | |

<u>I ho</u> *

٠ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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 : | ated : Signature of the Research Fellow | | | | | | | | | | |
|------------------------|---|------------------------|--|--|--|--|--|--|--|--|--|
| Certified that the enc | losed attendance record has been verified for the period from | to and also | | | | | | | | | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | | | | | | | | | |
| Rs | (Rs: | only) may be released. | | | | | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Deepanjali Kashyap

Enrollment No.

: 13616590023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY Sector -16 C, Dwarka, New Delhi-110078, <u>drc@ipu.ac.in</u>





IUPF

| | PRO | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | <u> LOWSHIP : IUP</u> | <u>'F</u> |
|--|---|--|---|--|--------------------------------------|--------------------|
| Ι | D.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.) |
| | 54 | Mr. Prashant Bisht | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Prashant Bisht | | I I | |
| 2. | Enroll | ment No. | : 02520390023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMC | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 8279783701 Email | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ Ia ♦ Ia ♦ Bo ♦ Ia | by decla m a full ti m residing m not ava dies or an m not emp | are that : me research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc by other industry or from the University. ployed anywhere. of check or audit objection, some in | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, c | or from the CSR Funds | of the Corporate |
| or reg | ularize | 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 | | | | | | | | | | | | | 30 | | |

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Mr. Prashant Bisht

).

: 02520390023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Vear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in







| Month/Period of fellowship Claimed (From Month) : Mr. Shivankar Josh | Claimed (To Month) | Fellowship amount of one month Rs. 25000/- | Amount (in Rs.) | | | | | |
|--|---|--|--------------------|--|--|--|--|--|
| : Mr. Shivankar Jost | | Rs. 25000/- | | | | | | |
| : Mr. Shivankar Josh | • | | | | | | | |
| | li | 1 1 | | | | | | |
| : 02720390023 | | | | | | | | |
| :20 | from : | to | | | | | | |
| :(| in words): | | | | | | | |
| : USMC | | | | | | | | |
| : | | | | | | | | |
| : | | | | | | | | |
| : | | | | | | | | |
| : 7351622860 Ema | uil: | | | | | | | |
| ed) : | | | | | | | | |
| : | | | | | | | | |
| : | : IFSC Code : | | | | | | | |
| : Name of the Bank: _ | | | | | | | | |
| | | | | | | | | |
| | :(: USMC : : : 7351622860 Ema : | :(in words): : USMC : : : 7351622860 Email: ed) : : : : : Mame of the Bank: | : | | | | | |

<u>I he</u> *

÷ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Mr. Shivankar Joshi

Enrollment No.

: 02720390023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE F | RELEASE OF FELI | LOWSHIP : IUP | <u>F</u> |
|------|---------|----------------------------------|---|--|--------------------------------------|--------------------|
| II | D.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.) |
| | 56 | Ms. Priyanka Yadav | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Priyanka Yadav | | 1 1 | |
| 2. | Enroll | ment No. | : 02820390023 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(ir | n words): | | |
| 5. | Name | of the School | : USMC | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 9599828837 Email | l: | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss of the Bank | | | | |
| eret | v decla | re that : | | | | |

I h * I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Priyanka Yadav

Enrollment No.

: 02820390023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IIIPF

| II | D.No. | Name of the Fellow | Month/Period of fellowship Claim (From Month) | ned | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|-----|--------|----------------------------------|---|--------|--|--------------------------------------|-------------------|
| | 57 | Ms. Suman | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Suman | 1 | | <u> </u> | |
| 2. | Enroll | ment No. | : 11216690023 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | _20 | from : | to | |
| 4. | Amou | nt (in Rs.) | : | _(in | words): | | |
| 5. | Name | of the School | : USMS | | | | |
| 5. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 9728607664 E | Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank A | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Banl | k: | | | |
| | Addre | ss of the Bank | | | | | |

* I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

 \Leftrightarrow 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Suman

Enrollment No.

: 11216690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Vear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.







| | _ | OFORMA FOR SUBMITTING TH | 1 | 1 | | | | | | | | |
|------|-------------|---|------------------------------------|-----------------------|------------------------|---------------|--|--|--|--|--|--|
| II | D.No. | Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amoun | | | | | | |
| | | | fellowship Claimed (From Month) | fellowship Claimed | amount of one month | (in Rs.) | | | | | | |
| | | | (From Month) | (To Month) | month | | | | | | | |
| | 58 | Ms. Jancy Phore | | (10 Woltin) | Rs. 25000/- | | | | | | | |
| 1. | Nama | of the Fellow | : Ms. Jancy Phore | | | | | | | | | |
| | | | · | | | | | | | | | |
| 2. | Enroll | ment No. | : 11316690023 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | | | | | | | |
| 5. | Name | of the School | : USMS | | | | | | | | | |
| 5. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | | | | | | | | | | |
| - | M. I. 1 | e No. & Email ID | : | | | | | | | | | |
| 7. | | | : 9999438312 Email | | | | | | | | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank | Account No. | : IFSC Code : | | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | | |
| reh | | are that : | | | | | | | | | | |
| I an | n a full ti | me research scholar of the USS/Centres of Exce | | | | | | | | | | |
| | | g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc | | | or from the CSR Funds | of the Corpo | | | | | | |
| Boo | lies or an | y other industry or from the University. | , g _, | | | » . p. | | | | | | |
| | | ployed anywhere. | | • · · · | | | | | | | | |

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 Rese | arch Fellow |
|--|-----------------------------|-----------------------|----------------|
| Certified that the enclosed attendance record has been v | erified 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) ma | y be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Jancy Phore

Enrollment No.

: 11316690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IUPF

| - | PROFORMA FOR SUBMITTING | | | | | | | |
|---------------------------------|--|------------------------------------|-----------------------|---------------|---------|--|--|--|
| ID.No | o. Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amour | | | |
| | | fellowship Claimed (From Month) | fellowship Claimed | amount of one | (in Rs. | | | |
| | | (From Month) | (To Month) | month | | | | |
| 59 | Ms. Yashika | | | Rs. 25000/- | | | | |
| Na | me of the Fellow | : Ms. Yashika | | | | | | |
| En | rollment No. | : 11516690023 | | | | | | |
| Mo | onth/Period of fellowship Claimed | :20_ | from : | to | | | | |
| 4. Amount (in Rs.) :(in words): | | | | | | | | |
| Na | me of the School | : USMS | | | | | | |
| Res | sidential Address | | | | | | | |
| | | : | | | | | | |
| | | : | | | | | | |
| Mo | obile No. & Email ID | : 9990555782 Emai | 1: | | | | | |
| Ам | ward Letter No. & date(Copy Attachee | d) : | | | | | | |
| Na | me of the Supervisor (s) | : | | | | | | |
|). Bai | nk Account No. | : | IFSC Code : | | | | | |
| | | : Name of the Bank: | | | | | | |
| Ad | dress of the Bank | | | | | | | |
| | <u>eclare that :</u> | | | | | | | |
| | | | | | | | | |
| am a fu am resi | <u>eclare that :</u> ull time research scholar of the USS/Centres of iding at address mentioned at Sr. No. 6 above, v t availing any other fellowship, financial assis | which is not a government accomm | nodation. | | 0 | | | |

I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow | |
|--------------------|--|
| Enrollment No | |

: Ms. Yashika

Enrollment No.

: 11516690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ŷ | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ŷ | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ŷ | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | <u>PR</u> | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F'</u> |
|-------------------------------------|---|---|--|--|--------------------------------------|--------------------|
| | D.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.) |
| (| 60 | Ms. Divya Laxmi | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Divya Laxmi | | 1 | |
| 2. | Enrol | ment No. | : 11616690023 | | | |
| 3. | Montl | n/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | unt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Resid | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8890060922 Email | : | | |
| 8. | Awar | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| I am I am I an Bod I am | n a full t n residin n not av lies or an n not em result | are that : ime research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ployed anywhere. of check or audit objection, some ir the objected amount. | ellence established under Ordin h is not a government accomm e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporat |
| ed : | | | | Signatu | re of the Research | Fellow |

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Divya Laxmi

Enrollment No.

: 11616690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@jpu.ac.in





IUPF

| ID | .No. | Name of the Fellow | Month/Period fellowship Clai (From Montl | med | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amour (in Rs. | | | | | |
|-----------------------------|---|--|--|---------------------|--|--------------------------------------|------------------|--|--|--|--|--|
| 6 | 51 | Ms. Aarushi Jain | | | | Rs. 25000/- | | | | | | |
| 1. 1 | Name | of the Fellow | : Ms. Aarushi Ja | in | | | | | | | | |
| 2. 1 | Enroll | ment No. | : 12016690023 | | | | | | | | | |
| 3. 1 | Month | /Period of fellowship Claimed | : | 20 | from : | to | | | | | | |
| 1 . <i>1</i> | Amou | nt (in Rs.) | : | (in | words): | | | | | | | |
| 5. 1 | Name | of the School | : USMS | | | | | | | | | |
| 5. I | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. 1 | Mobil | e No. & Email ID | : 7059892222 | Email: | | | | | | | | |
| 3. 7 | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
|). 1 | Name | of the Supervisor (s) | | | | | | | | | | |
| 10. 1 | Bank . | Account No. | | | IFSC Code : | | | | | | | |
| | | | : Name of the Bar | 1k: | | | | | | | | |
| 1 | Addre | ss of the Bank | | | | | | | | | | |
| reby I am I am | v decla a full ti residing | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc | ellence established und h is not a government a | er Ordina ccommo | ance-35 of the University dation. | | | | | | | |

I am not employed anywhere.

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 | nto and also |
| the progress of the Scholar is satisfactory. His/her fellowship for the month | h of amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Aarushi Jain

Enrollment No.

: 12016690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 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.





IUPF

| | <u>PR</u> | OFORMA FOR SUBMITTING TH | <u>E CLAIM FOR THE R</u> | ELEASE OF FELI | LOWSHIP : IUP | <u>r</u> | | | | | |
|--|---|--|--|--|--------------------------------------|--------------------|--|--|--|--|--|
| | D.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.) | | | | | |
| | 62 | Ms. Gurleen Kaur Sethi | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Gurleen Kaur Se | thi | 1 | | | | | | |
| 2. | Enrol | lment No. | : 12116690023 | | | | | | | | |
| 3. | Mont | n/Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. | Amou | unt (in Rs.) | :(in | words): | | | | | | | |
| 5. | Name | of the School | : USMS | | | | | | | | |
| 6. | Resid | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 9650590785 Email | | | | | | | | |
| 8. | Awar | d Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addre | ess of the Bank | | | | | | | | | |
| Ian Ian Ian Boo Ian fasa | n a full t n residin n not av dies or a n not em result | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ployed anywhere. of check or audit objection, some ir the objected amount. | h is not a government accommo e, grants, etc from any other C | odation. Govt./Public Institutions, o | or from the CSR Funds | × | | | | | |
| ated : | | | | Signatu | re of the Research | Fellow | | | | | |

| and also | to | verified for the period from | ord has been | ndance record | losed atte | the enc | ertified that | Cer |
|-----------------------|----|------------------------------|--------------|------------------|------------|---------|---------------|-----|
| amounting to | f | fellowship for the month of | ory. His/her | is satisfactory. | Scholar | of the | e progress | the |
| nly) may be released. | C | | | | (Rs: | | s. | Rs. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Gurleen Kaur Sethi

Enrollment No.

: 12116690023

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

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63



| ID.No. Name of the Fellow Month/Period of | Month/Period of | Fellowship | |
|---|-------------------------------------|------------------------|--------------------|
| fellowship Claimed (From Month) | fellowship Claimed (To Month) | amount of one month | Amount (in Rs.) |
| 63 Ms. Vrinda Sharma | | Rs. 25000/- | |
| 1. Name of the Fellow : Ms. Vrinda Sharma | | | |
| 2. Enrollment No. : 12516690023 | | | |
| 3. Month/Period of fellowship Claimed :20 | from : | to | |
| 4. Amount (in Rs.) :(in w | vords): | | |
| 5. Name of the School : USMS | | | |
| 6. Residential Address : | | | |
| : | | | |
| : | | | |
| 7. Mobile No. & Email ID : 7310691516 Email: _ | | | |
| 8. Award Letter No. & date(Copy Attached) : | | ····· | |
| 9. Name of the Supervisor (s) : | | | |
| 10. Bank Account No. : | _IFSC Code : | | |
| : Name of the Bank: | | | |
| Address of the Bank | | | |

I hereby declare that :

\$ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Vrinda Sharma

: 12516690023

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | I | | I |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.





IUPF

| | <u>PR</u> | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F'</u> |
|--|---|--|---|--|--------------------------------------|--------------------|
| Π | D.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.) |
| | 64 | Ms. Ayushee Mishra | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Ayushee Mishra | L | 1 1 | |
| 2. | Enroll | ment No. | : 06416090024 | | | |
| 3. | Month | h/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBT | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9129032003 Email | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✔ I an ✔ I an ✔ I an 𝔅 I an 𝔅 I an | by decla n a full ti n residing n not ava dies or an n not emp | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. jovt./Public Institutions, c | or from the CSR Funds | of the Corporate |
| | | 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 o | f amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs | | | | | | | | | | only). |



| Na | me of | the Fellow |
|----|-------|------------|
| - | | |

: Ms. Ayushee Mishra

Enrollment No.

: 06416090024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.





IUPF

| ID. | .No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amour (in Rs. |
|---------------------------------|---------------------------------------|--|---|--|--------------------------------------|------------------|
| 6 | 5 | Ms. Niharika Upadhyay | | | Rs. 25000/- | |
| l. 1 | Name | of the Fellow | : Ms. Niharika Upadh | yay | L | |
| 2. E | Enroll | ment No. | : 06516090024 | | | |
| 3. N | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 1 . A | Amou | nt (in Rs.) | :(ir | words): | | |
| 5. N | Name | of the School | : USBT | | | |
| 5. F | Reside | ential Address | : | | | |
| | | | : | | | |
| 7. N | Mobile | e No. & Email ID | : | : | | |
| 8. A | Award | Letter No. & date(Copy Attached) | : | | | |
|). I | Name | of the Supervisor (s) | : | | | |
| 10. E | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| A | Addre | ss of the Bank | | | | |
| reby I am a I am i | <u>decla</u> a full ti residing | are that : me research scholar of the USS/Centres of Exca g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistance y other industry or from the University. | ellence established under Ordir h is not a government accomm | nance-35 of the University odation. | | |

* I am not employed anywhere.

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 | | | | | | | | | | | | | 30 | | |

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name | of | the | Fellow | |
|------|----|-----|--------|--|
| | | | | |

: Ms. Niharika Upadhyay

Enrollment No.

: 06516090024

| | | _ | started Year 20 | | |
|------|-----|-----|-----------------|------|------|
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | ear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | ear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | ear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | ear 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.





IUPF

| _ | PRO | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | LOWSHIP : IUP | <u>r</u> |
|---|--|--|---|--|--------------------------------------|--------------------|
| II | D.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.) |
| | 66 | Ms. Srishti Kharoliya | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Srishti Kharoliya | L | | |
| 2. | Enroll | ment No. | : 06616090024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBT | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9968153969 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| I an I an I an Boo I an | y decla n a full ti n residing n not ava lies or an n not emj | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. jovt./Public Institutions, c | or from the CSR Funds | of the Corporate |
| | | the objected amount. | - Salarity is noticed at | a much stuge, action | , in se taken to i | cranu, aujust |

| Dated : | | Signature of the Research Fellow |
|------------------------|---|----------------------------------|
| Certified that the enc | losed attendance record has been verified for the period from | to and also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Srishti Kharoliya

Enrollment No.

: 06616090024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE I | | LOWSHIP : IUF | <u> </u> | | | | | | |
|-----------------------------|--|--|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| II | D.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.) | | | | | | |
| | 67 | Ms. Hena Malik | | | Rs. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Hena Malik | | | | | | | | | |
| 2. | Enroll | ment No. | : 07516390024 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | | | | | | | |
| 4. | Amou | nt (in Rs.) | :(ii | n words): | | | | | | | | |
| 5. | Name | of the School | : USEM | | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 7042941800 Emai | l: | | | | | | | | |
| 8. | Award | l Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | | |
| I an I an I an Boo | n a full ti n residing n not ava dies or an | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. | h is not a government accomn e, grants, etc from any other | odation. Govt./Public Institutions, o | | of the Corporate | | | | | | |

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow |
|--------------------|
| Enrollment No. |

: Ms. Hena Malik

: 07516390024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F'</u> |
|------|--------------|--|----------------------------------|---------------------------|---------------|------------|
| I | D.No. | Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amount |
| | | | fellowship Claimed | fellowship | amount of one | (in Rs.) |
| | | | (From Month) | Claimed | month | |
| | | | | (To Month) | | |
| | 68 | Ms. Juhi Sinha | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Juhi Sinha | | • | |
| 2. | Enrollı | ment No. | : 07616390024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USEM | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 9810537910 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss of the Bank | | | | |
| | | re that : | | 25 G.I. XI | | |
| 1 ar | m a rull tii | me research scholar of the USS/Centres of Exce | ellence established under Ordina | ance-35 of the University | - | |

<u>I ho</u> *

* 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. ٠

٠ I am not employed anywhere.

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 : | ated : Signature of the Research Fellow | | | | | | | | | | |
|------------------------|---|------------------------|--|--|--|--|--|--|--|--|--|
| Certified that the enc | losed attendance record has been verified for the period from | to and also | | | | | | | | | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | | | | | | | | | |
| Rs | (Rs: | only) may be released. | | | | | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Juhi Sinha

: 07616390024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 'ear 20 | I | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | I I | I I | L L | | | |

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.







| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|--|---|--|--|---|--------------------------------------|--------------------|
| II | D.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.) |
| | 69 | Ms. Manya Tyagi | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Manya Tyagi | 1 | | |
| 2. | Enroll | ment No. | : 07716390024 | | | |
| 3. | Month | h/Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USEM | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9873490641 Email | : | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✔ I an ✔ I an ✔ I an 𝔅 I an 𝔅 I an | n a full ti n residing n not ava dies or an n not emp | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc by other industry or from the University. ployed anywhere. of check or audit objection some in | ellence established under Ordin h is not a government accomm e, grants, etc from any other C | ance-35 of the University odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |

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 Rese | earch 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) ma | ay be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Manya TyagiEnrollment No.: 07716390024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

TIDE

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



Amount

(in Rs.)



| | | 1011 | | | | |
|-------|-------------------------------|--|-------|--|--------------------------------------|----|
| PR | OFORMA FOR SUBMITTING 1 | THE CLAIM FOR | THE R | ELEASE OF FELI | <u> LOWSHIP : IUP</u> | PF |
| No. | Name of the Fellow | Month/Period fellowship Cla (From Mont | imed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | |
|) | Ms. Ruchi Singh | | | | Rs. 25000/- | |
| ame | of the Fellow | : Ms. Ruchi Sing | gh | | | |
| nroll | ment No. | : 07816390024 | | | | |
| lonth | /Period of fellowship Claimed | : | 20 | from : | to | |

| 1. | Name of the Fellow | : Ms. Ruchi Singh |
|-----|--|---------------------|
| 2. | Enrollment No. | : 07816390024 |
| 3. | Month/Period of fellowship Claimed | :20 from : to |
| 4. | Amount (in Rs.) | :(in words): |
| 5. | Name of the School | : USEM |
| 6. | Residential Address | : |
| | | : |
| | | : |
| 7. | Mobile No. & Email ID | : 7042553351 Email: |
| 8. | Award Letter No. & date(Copy Attached) | : |
| 9. | Name of the Supervisor (s) | : |
| 10. | Bank Account No. | :IFSC Code : |
| | | : Name of the Bank: |

Address of the Bank

I hereby declare that :

ID.No.

70

\$ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|----|-------|
| (Rs. | | | | | | | | | | 01 | nly). |



Name of the Fellow Enrollment No. : Ms. Ruchi Singh

: 07816390024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Fellowship ID



TIDD

IUPF

| Ι | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|----------------------|--|--|---|------------------|--|--------------------------------------|-------------------|
| | 71 | Ms. Rupali Yadav | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Rupali Yadav | | | 1 | |
| 2. | Enroll | ment No. | : 07916390024 | | | | |
| 3. | Month | n/Period of fellowship Claimed | :2 | 20 | _ from : | to | |
| 4. | Amou | unt (in Rs.) | : | (in w | ords): | | |
| 5. | Name | of the School | : USEM | | | | |
| 6. | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 9560854642 Em | nail: _ | | | |
| 8. | Awaro | d Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank | Account No. | : | | _IFSC Code : | | |
| | | | : Name of the Bank: | | | | |
| | Addre | ess of the Bank | | | | | |
| I aı I aı I aı | by decl m a full ti m residin m not av | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. | ellence established under Or h is not a government accor | rdinanc mmoda | ce-35 of the University. tion. | | |

I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Rupali YadavEnrollment No.: 07916390024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





TTTDD

IUPF

| 11 | D.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.) |
|-----|--------|----------------------------------|---|--|--------------------------------------|--------------------|
| | 72 | Ms. Sharul | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Sharul | 1 | <u> </u> | |
| 2. | Enroll | ment No. | : 08016390024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USEM | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8882102992 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |

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.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Sharul

Э.

: 08016390024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | <u>LOWSHIP : IUP</u> | | | | | | | |
|--|--|--|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| Ι | D.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.) | | | | | | |
| | 73 | Ms. Akanksha Jain | Rs. 25000/- | | | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Akanksha Jain | | | | | | | | | |
| 2. | Enroll | ment No. | : 08721690024 | | | | | | | | | |
| 3. | Month | n/Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| 4. | Amou | unt (in Rs.) | :(in | words): | | | | | | | | |
| 5. | Name | of the School | : USHSS | | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 9354559966 Email | | | | | | | | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addre | ess of the Bank | | | | | | | | | | |
| Ia Ia Bo Ia Bo | by decla m a full ti m residin m not av dies or ar m not em result | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. jovt./Public Institutions, c | or from the CSR Funds | of the Corporate | | | | | | |
| r reg | ularize | the objected amount. | | | | | | | | | | |

| Dated : Signature of the Research | | | | | | | | | | |
|--|--|------------------------|--|--|--|--|--|--|--|--|
| Certified that the enclosed attendance record has been verified for the period fromto and also | | | | | | | | | | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | | | | | | | | |
| Rs | (Rs: | only) may be released. | | | | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Akanksha Jain Enrollment No.

: 08721690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

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IIIPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | <u>.owship : IUP</u> | <u>'F</u> |
|---|---|---|---|--|--------------------------------------|--------------------|
| | D.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.) |
| | 74 | Ms. Apoorva Phutela | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Apoorva Phutela | | | |
| 2. | Enroll | ment No. | : 08821690024 | | | |
| 3. | Month | n/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USHSS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8826116217 Email | : | | |
| 8. | Awaro | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| ✓ I ar ✓ I ar ✓ I ar Boo ✓ I ar I ar I f as a | n a full ti n residin n not av dies or ar n not em result | are that : ime research scholar of the USS/Centres of Exca g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistance y other industry or from the University. ployed anywhere. of check or audit objection, some in the objected amount. | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| Dated : | | | | Signatur | e of the Research | Fellow |
| Certified | d that t | he enclosed attendance record has be | en 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 | | | | | | | | | | | | | 30 | | |
| Leave | | | | | | | | | | | | | | | |

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Apoorva PhutelaEnrollment No.: 08821690024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.



75



| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|--|--|--|--|---|--------------------------------------|--------------------|
| Ι | D.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.) |
| | 75 | Ms. Anushka | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Anushka | | | |
| 2. | Enroll | ment No. | : 08921690024 | | | |
| 3. | Month | n/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | unt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USHSS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9773872887 Email | : | | |
| 8. | Awaro | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| ✤ Ia ♦ Ia ♦ Ia Bo ♦ Ia | by declar m a full ti m residin m not av odies or ar m not em | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc ny other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomm e, grants, etc from any other C | ance-35 of the University odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| or reg | ularize | the objected amount. | | | | |

| Dated : | Signature of the Research Fellow |
|---|----------------------------------|
| Certified that the enclosed attendance record has been verified for the period from | toand also |
| the progress of the Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. AnushkaEnrollment No.: 08921690024

| | Fellowship | started Year 20 | _ | |
|-----|---|---|---|---|
| Feb | Mar | April | May | June |
| Aug | Sep | Oct. | Nov. | Dec |
| | Y | Tear 20 | | |
| Feb | Mar | April | May | June |
| Aug | Sep | Oct. | Nov. | Dec |
| | Y | fear 20 | | |
| Feb | Mar | April | May | June |
| Aug | Sep | Oct. | Nov. | Dec |
| | Y | fear 20 | | |
| Feb | Mar | April | May | June |
| Aug | Sep | Oct. | Nov. | Dec |
| | Y | Tear 20 | | |
| Feb | Mar | April | May | June |
| Aug | Sep | Oct. | Nov. | Dec |
| | Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb Feb Feb Feb Feb Feb Feb | FebMarAugSepAugSepFebMarAugSepYFebFebMarAugSepYFebMarYFebMarYYFebMarYYFebMarYY< | FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarAprilFebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril | FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarOct.Nov.FebMarAprilMayFebMarAprilMayFebMarAprilMayFebSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarAprilNov.FebMarAprilMayFebMarAprilMayFebMarAprilMay |

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.





TTTDD

IUPF

| Π | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) | | | | | |
|-------------------------------------|--|--|---|---|--------------------------------------|-------------------|--|--|--|--|--|
| | 76 | Ms. Aayushi Tripathi | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Aayushi Tripathi | | 11 | | | | | | |
| 2. | Enroll | ment No. | : 09021690024 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | | | | | | |
| 5. | Name | of the School | : USHSS | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : | | | | | | | | |
| 8. | Award | l Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |
| I an I an I an Boo I an | y decla n a full ti n residing n not ava lies or an n not emp | are that : me research scholar of the USS/Centres of Exco g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc yo other industry or from the University. ployed anywhere. of check or audit objection. some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corpo | | | | | |

If a some irregularity 1, 1 ge, or regularize the objected amount.

| Dated : | | Signature of the Res | earch Fellow |
|------------------------|---|----------------------|-----------------|
| Certified that the enc | losed 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) m | ay be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Aayushi TripathiEnrollment No.: 09021690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Vear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | <u> LOWSHIP : IUP</u> | <u>'F</u> |
|---|---|--|---|--|--------------------------------------|--------------------|
| II | D.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.) |
| | 77 | Ms. Chetna Guglani | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Chetna Guglani | | | |
| 2. | Enroll | ment No. | : 09221690024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USHSS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 8448663621 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank / | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ I an ♦ I an ♦ I an Boo ♦ I an I an I an I f as a | n a full tin n residing n not ava dies or an n not emp result (| The that : me research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whic uiling any other fellowship, financial assistanc y other industry or from the University. oloyed anywhere. of check or audit objection, some ir the objected amount. | h is not a government accomm e, grants, etc from any other C | odation. Govt./Public Institutions, c | or from the CSR Funds | ŕ |

| 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 o | f amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Chetna Guglani

Enrollment No.

: 09221690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| ID.N | o. Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs. |
|--|--|---|--|--------------------------------------|------------------|
| 78 | Ms. Sanchi Kalra | | | Rs. 25000/- | |
| l. Na | ume of the Fellow | : Ms. Sanchi Kalra | | 1 1 | |
| 2. En | rollment No. | : 26916490024 | | | |
| 8. Mo | onth/Period of fellowship Claimed | :20 | from : | to | |
| I. An | nount (in Rs.) | :(i | n words): | | |
| 5. Na | ume of the School | : USIC&T | | | |
| 5. Re | sidential Address | : | | | |
| | | : | | | |
| | | : | | | |
| 7. Mo | obile No. & Email ID | : 9958208995 Emai | 1: | | |
| 8. Av | ward Letter No. & date(Copy Attached) | : | | | |
| 9. Na | ume of the Supervisor (s) | : | | | |
| 10. Ba | nk Account No. | : | IFSC Code : | | |
| | | : Name of the Bank: | | | |
| Ad | ldress of the Bank | | | | |
| reby d I am a fu I am res I am no Bodies o | leclare that : iull time research scholar of the USS/Centres of Exc siding at address mentioned at Sr. No. 6 above, whice ot availing any other fellowship, financial assistance or any other industry or from the University. t employed anywhere | ellence established under Ord h is not a government accomr | nance-35 of the University nodation. | | of the Corp |

* ywnere.

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 | | | | | | | | | | | | | 30 | | |

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Sanchi Kalra

Enrollment No.

: 26916490024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | | OFORMA FOR SUBMITTING TH | <u>E CLAIM FOR THE R</u> | ELEASE OF FELL | <u>LOWSHIP : IUP</u> | <u> </u> |
|-------------------------------------|---|--|---|--|--------------------------------------|--------------------|
| | D.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.) |
| | 79 | Ms. Bhawna Bhardwaj | | (10 Month) | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Bhawna Bhardw | zaj | | |
| 2. | Enroll | ment No. | : 27116490024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USIC&T | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9712928268 Email | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank . | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| I ar I ar I ar Boo I ar | n a full ti n residing n not ava dies or an n not emp | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, c | or from the CSR Funds | of the Corporate |
| | | the objected amount. | -g, v | | | , j >• |

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow | : Ms. Bhawna Bhardwaj |
|--------------------|-----------------------|
| Enrollment No. | : 27116490024 |

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | I | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.





IUPF

| II |).No. | Name of the Fellow | Month/Period o fellowship Claim (From Month) | - | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amour (in Rs. |
|----------------------|--|---|--|-------|--|--------------------------------------|------------------|
| | 80 | Ms. Heena Kwatra | | | | Rs. 25000/- | |
| l. | Name | of the Fellow | : Ms. Heena Kwat | ra | | | |
| 2. | Enroll | ment No. | : 27316490024 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| ŀ. | Amou | nt (in Rs.) | : | _(in | words): | | |
| 5. | Name | of the School | : USIC&T | | | | |
| 5. | Reside | ential Address | : | | | | |
| | | | | | | | |
| | | | : | | | | |
| 7. | Mobil | e No. & Email ID | : 7838397229 E | mail: | | | |
| 3. | Award | Letter No. & date(Copy Attached) | : | | | | |
| €. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank . | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Bank | : | | | |
| | Addre | ss of the Bank | | | | | |
| I an I an I an | n a full ti n residing n not ava | are that: me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. | h is not a government acc | ommo | dation. | | of the Corp |

I am not employed anywhere.

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 : | ated : Signature of the Research Fellow | | | | | | | | | | |
|------------------------|---|------------------------|--|--|--|--|--|--|--|--|--|
| Certified that the enc | losed attendance record has been verified for the period from | to and also | | | | | | | | | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | | | | | | | | | |
| Rs | (Rs: | only) may be released. | | | | | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow: Ms. Heena KwatraEnrollment No.: 27316490024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.





IUPF

| ID.No. | . Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amour (in Rs. |
|-------------------------------------|--------------------------------------|---|--|--------------------------------------|------------------|
| 81 | Ms. Hitanshi Goel | | | Rs. 25000/- | |
| l. Nan | ne of the Fellow | : Ms. Hitanshi Goel | | 1 | |
| 2. Enro | ollment No. | : 14716590024 | | | |
| 3. Mor | nth/Period of fellowship Claimed | :20_ | from : | to | |
| 4. Amo | ount (in Rs.) | :(ii | n words): | | |
| 5. Nan | ne of the School | : USLLS | | | |
| 6. Resi | idential Address | : | | | |
| | | : | | | |
| | | : | | | |
| 7. Mot | oile No. & Email ID | : 8368717674 Emai | 1: | | |
| 3. Awa | ard Letter No. & date(Copy Attached) | : | | | |
| 9. Nan | ne of the Supervisor (s) | : | | | |
| 10. Ban | k Account No. | : | IFSC Code : | | |
| | | : Name of the Bank: | | | |
| Add | lress of the Bank | | | | |
| reby de I am a ful I am resid | Iress of the Bank | ellence established under Ordi | nance-35 of the University | | |

* I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Hitanshi Goel

Enrollment No.

: 14716590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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IUPF

| II | D.No. | Name of the Fellow | Month/Period of fellowship Claim (From Month) | ned | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) | | | | | |
|-----|--------|----------------------------------|---|--------|--|--------------------------------------|--------------------|--|--|--|--|--|
| | 82 | Ms. Manmeet Dhillon | | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Manmeet Di | nillon | | · · · · · · · · · | | | | | | |
| 2. | Enroll | ment No. | : 14816590024 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | : | _20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | : | _(in • | words): | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8199944002 E | Email: | | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank A | Account No. | : | | IFSC Code : | | | | | | | |
| | | | : Name of the Bank | <: | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | | |
| reh | | are that : | | | | | | | | | | |

÷ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.

٠ 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Manmeet Dhillon

Enrollment No.

: 14816590024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

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| ID.N | o. Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amoun |
|-------|--------------------------------------|---------------------|-----------------|---------------|----------|
| | | fellowship Claimed | fellowship | amount of one | (in Rs.) |
| | | (From Month) | Claimed | month | |
| | | | (To Month) | | |
| 83 | Ms. Ankita Mishra | | | Rs. 25000/- | |
| . Na | me of the Fellow | : Ms. Ankita Mishra | | | |
| . En | rollment No. | : 14916590024 | | | |
| . Mo | onth/Period of fellowship Claimed | :20_ | from : | to | |
| . An | nount (in Rs.) | :(ir | n words): | | |
| . Na | me of the School | : USLLS | | | |
| . Re | sidential Address | : | | | |
| | | : | | | |
| | | : | | | |
| . Mo | obile No. & Email ID | : 9305953582 Email | l: | | |
| . Av | vard Letter No. & date(Copy Attached | l) : | | | |
| . Na | me of the Supervisor (s) | : | | | |
| 0. Ba | nk Account No. | : | IFSC Code : | | |
| | | : Name of the Bank: | | | |
| | ldress of the Bank | | | | |

\$ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Ankita Mishra

Enrollment No.

: 14916590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| II | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) | | | | | |
|-------------------------------------|--|--|---|---|--------------------------------------|-------------------|--|--|--|--|--|
| | 84 | Mr. Shubham Trivedi | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Mr. Shubham Trived | i | 11 | | | | | | |
| 2. | Enroll | ment No. | : 15016590024 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8953449221 Email | : | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank A | Account No. | : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |
| I an I an I an Boo I an | by decla n a full ti n residing n not ava dies or an n not emp | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corpo | | | | | |

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

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

Signature of supervisor with stamp

or regularize the objected amount.

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs | | | | | | | | | | only). |



Name of the Fellow : Mr. Shubham Trivedi

Enrollment No.

: 15016590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ŷ | Vear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | LOWSHIP : IUP | <u>r</u> |
|------|---------|----------------------------------|---|--|--------------------------------------|--------------------|
| Γ | D.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.) |
| | 85 | Ms. Ekta Pandey | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Ekta Pandey | | | |
| 2. | Enrollı | nent No. | : 15116590024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USLLS | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 6205475537 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | s of the Bank | | | | |
| erel | | re that : | | | | |

<u>I h</u> * 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Name of the Fellow |
|--------------------|
| Enrollment No. |

: Ms. Ekta Pandey

: 15116590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>F</u> |
|-----|---------|----------------------------------|---|--|--------------------------------------|--------------------|
| Ι | D.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.) |
| | 86 | Ms. Divya Girsa | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Divya Girsa | | | |
| 2. | Enrollı | ment No. | : 15216590024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amour | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USLLS | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 7982328250 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss 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.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Divya Girsa

Enrollment No.

: 15216590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.





IUPF

| Π | D.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.) |
|-----------------------------|--|--|--|--|--------------------------------------|--------------------|
| | 87 | Mr. Devesh Bhardwaj | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Devesh Bhardwa | aj | | |
| 2. | Enroll | ment No. | : 15316590024 | | | |
| 3. | Month | n/Period of fellowship Claimed | :20_ | from : | to | |
| 1. | Amou | nt (in Rs.) | :(in | | | |
| 5. | Name | of the School | : USLLS | | | |
| 5. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8964958082 Emai | l: | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank . | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| I ar I ar I ar Boo | n a full ti n residing n not ava dies or an | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc uy other industry or from the University. ploved anywhere. | ellence established under Ordi h is not a government accomn | nance-35 of the University nodation. | | |

*

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Na | me of | the Fellow | |
|----|-------|------------|--|
| - | | | |

: Mr. Devesh Bhardwaj

Enrollment No.

: 15316590024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | rear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ý | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



TTTDD

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| II | D.No. | Name of the Fellow | Month/Perio fellowship Cl (From Mor | aimed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
|-----|--------|----------------------------------|---|---------|--|--------------------------------------|--------------------|
| | 88 | Ms. Shambhawi Tiwari | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Shambha | wi Tiwa | ri | 1 1 | |
| 2. | Enroll | ment No. | : 15416590024 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. | Name | of the School | : USLLS | | | | |
| 6. | Reside | ential Address | | | | | |
| 7. | Mobile | e No. & Email ID | : : 7827335791 | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| 9. | Name | of the Supervisor (s) | | | | | |
| 10. | Bank | Account No. | | | IFSC Code : | | |
| | | | : Name of the B | ank: | | | |
| | Addre | ss of the Bank | | | | | |

* I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Nam | e of the | e | Fellow |
|-----|----------|---|--------|
| | | | |

: Ms. Shambhawi Tiwari

Enrollment No.

: 15416590024

| | Fellowship | started Year 20 | _ | | |
|-----|---|---|--|---|--|
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | fear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | Tear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Y | fear 20 | | | |
| Feb | Mar | April | May | June | |
| Aug | Sep | Oct. | Nov. | Dec | |
| | Aug Feb Aug Feb Aug Feb Aug Feb Feb | FebMarAugSepAugSepFebMarAugSepAugSepFebMarYFebFebMarYFebFebMarYYFebSepYYFebSepYYFebMarYYY | AugSepOct.AugSepOct.FebMarAprilAugSepOct.AugSepOct.FebMarAprilImage: SepOct.FebMarOct.FebMarAprilImage: SepOct.FebMarOct.Image: SepOct.Image: SepImage: Sep <t< td=""><td>FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayFebMarOct.Nov.FebMarAprilMayFebMarAprilMayFebSepOct.Nov.FebMarOct.Nov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayYear 20Year 20Year 20FebMarAprilMayYear 20Year 2</td><td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20AprilMayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJuneYear 20Year 20Year 20JuneFebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune</td></t<> | FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayFebMarOct.Nov.FebMarAprilMayFebMarAprilMayFebSepOct.Nov.FebMarOct.Nov.Year 20Year 20Year 20FebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayYear 20Year 20Year 20FebMarAprilMayYear 20Year 2 | FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20AprilMayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJuneYear 20Year 20Year 20JuneFebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune |

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.

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| ID.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.) 89 Mr. Harsha Pathak Image: Res. 25000/- Image: Res. 25000/- Image: Res. 25000/- 1. Name of the Fellow : Mr. Harsha Pathak Image: Res. 25000/- Image: Res. 25000/- 2. Enrollment No. : 15616590024 Image: Res. 25000/- Image: Res. 25000/- 3. Month/Period of fellowship Claimed : | | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> | | | | |
|---|-----|---------|----------------------------------|---------------------|-----------------------|----------------------|-----------|--|--|--|--|
| 1. Name of the Fellow : Mr. Harsha Pathak 2. Enrollment No. : 15616590024 3. Month/Period of fellowship Claimed : | Ι | D.No. | Name of the Fellow | fellowship Claimed | fellowship Claimed | amount of one | | | | | |
| 2. Enrollment No. : 15616590024 3. Month/Period of fellowship Claimed :toto | | 89 | Mr. Harsha Pathak | | | Rs. 25000/- | | | | | |
| 3. Month/Period of fellowship Claimed : 4. Amount (in Rs.) : 5. Name of the School : 6. Residential Address : <tr< td=""><td>1.</td><td>Name</td><td>of the Fellow</td><td>: Mr. Harsha Pathak</td><td></td><td>· · · ·</td><td></td></tr<> | 1. | Name | of the Fellow | : Mr. Harsha Pathak | | · · · · | | | | | |
| 4. Amount (in Rs.) :(in words): | 2. | Enrollı | ment No. | : 15616590024 | | | | | | | |
| 5. Name of the School 6. Residential Address 2 | 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | |
| 6. Residential Address : | 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | |
| i | 5. | Name | of the School | : USLLS | | | | | | | |
| 10. Bank Account No. : | 6. | Reside | ntial Address | : | | | | | | | |
| 7. Mobile No. & Email ID : 7007575739 Email: | | | | : | | | | | | | |
| 8. Award Letter No. & date(Copy Attached) : | | | | : | | | | | | | |
| 9. Name of the Supervisor (s) : | 7. | Mobile | e No. & Email ID | : 7007575739 Email: | · | | | | | | |
| 10. Bank Account No. : IFSC Code : : Name of the Bank: | 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | |
| : Name of the Bank: | 9. | Name | of the Supervisor (s) | : | | | | | | | |
| | 10. | Bank A | Account No. | : | IFSC Code : | | | | | | |
| Address of the Paply | | | | : Name of the Bank: | | | | | | | |
| Address of the Bank | | Addres | ss 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.

٠ 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. ٠

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Mr. Harsha Pathak

Enrollment No.

: 15616590024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in







| Π | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) | | | | | |
|-----|--------|------------------------------------|---|--|--------------------------------------|-------------------|--|--|--|--|--|
| | 90 | Ms. Meenal Sharma | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Meenal Sharma | a | · · · | | | | | | |
| 2. | Enroll | ment No. | : 15716590024 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 |) from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | |
| 5. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobil | e No. & Email ID | :: 8851422406 Email: | | | | | | | | |
| 3. | Award | l Letter No. & date(Copy Attached) | : | | | | | | | | |
| Э. | Name | of the Supervisor (s) | : | | | | | | | | |
| | Bank . | Account No. | :IFSC Code : | | | | | | | | |
| 10. | | | : Name of the Bank: | | | | | | | | |
| 10. | | | | | | | | | | | |

I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. .

٠ 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow

: Ms. Meenal Sharma

Enrollment No.

: 15716590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in







| II | D.No. | Name of the Fellow | Month/Perio fellowship Cl (From Mon | aimed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amour (in Rs. | | |
|-----|---------|----------------------------------|---|--------|--|--------------------------------------|------------------|--|--|
| | 91 | Ms. Shreya Gupta | | | | Rs. 25000/- | | | |
| 1. | Name | of the Fellow | : Ms. Shreya G | upta | | · · · | | | |
| 2. | Enroll | ment No. | : 15816590024 | | | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | | | |
| 4. | Amou | nt (in Rs.) | : | (in | words): | | | | |
| 5. | Name | of the School | : USLLS | | | | | | |
| 6. | Reside | ential Address | : | | | | | | |
| | | | : | | | | | | |
| | | | : | | | | | | |
| 7. | Mobil | e No. & Email ID | : 8707471190 | Email: | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | |
| 9. | Name | of the Supervisor (s) | | | | | | | |
| 10. | Bank | Account No. | :IFSC Code : | | | | | | |
| | | | : Name of the B | ank: | | | | | |
| | Addre | ss of the Bank | | | | | | | |
| reb | v decla | are that : | | | | | | | |

* * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Shreya Gupta

Enrollment No.

: 15816590024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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| Π | D.No. | Name of the Fellow | Month/Period fellowship Clain (From Month | ned | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs. | | | | |
|------|-------------------------------|--|---|----------|--|--------------------------------------|------------------|--|--|--|--|
| | 92 | Ms. Prachi Mishra | | | | Rs. 25000/- | | | | | |
| l. | Name | of the Fellow | : Ms. Prachi Misl | nra | | 11 | | | | | |
| 2. | Enroll | ment No. | : 15916590024 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | : | _20 | from : | to | | | | | |
| 1. | Amou | nt (in Rs.) | : | (in | words): | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | |
| 5. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 9450473608 | Email: | | | | | | | |
| 3. | Award | l Letter No. & date(Copy Attached) | | | | | | | | | |
| Э. | Name | of the Supervisor (s) | | | | | | | | | |
| 10. | Bank | Account No. | : | | IFSC Code : | | | | | | |
| | | | : Name of the Ban | k: | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |
| I an | y decla n a full ti | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic | ellence established unde | r Ordina | ance-35 of the University | | | | | | |

* * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|---|--------|
| (Rs. | | | | | | | | | | C | only). |



Name of the Fellow Enrollment No. : Ms. Prachi Mishra

: 15916590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

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93



| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE | RELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> | | | | |
|-----|---------|----------------------------------|---|--|--------------------------------------|--------------------|--|--|--|--|
| | D.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.) | | | | |
| | 93 | Mr. Devanand Yadav | | | Rs. 25000/- | | | | | |
| 1. | Name | of the Fellow | : Mr. Devanand Yada | av | 1 | | | | | |
| 2. | Enrolli | ment No. | : 16016590024 | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | |
| 4. | Amou | nt (in Rs.) | :(in words): | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | |
| 6. | Reside | ntial Address | : | | | | | | | |
| | | | : | | | | | | | |
| | | | : | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8299613659 Ema | il: | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | |
| 10. | Bank A | Account No. | :IFSC Code : | | | | | | | |
| | | | : Name of the Bank: _ | | | | | | | |
| | Addres | ss 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.

٠ 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. ٠

 \diamond I am not employed anywhere.

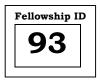
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

| Dated : | | Signature of the Research Fellow | |
|------------------------|---|----------------------------------|--|
| Certified that the enc | losed attendance record has been verified for the period from | to and also | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | |
| Rs | (Rs: | only) may be released. | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Mr. Devanand Yadav

Enrollment No.

: 16016590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





TTTDD

IUPF

| | <u>r K</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | | <u>r</u> | | | | | | |
|-----|------------|--|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| I | D.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.) | | | | | | |
| | 94 | Ms. Himani Arya | | | Rs. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Himani Arya | | | | | | | | | |
| 2. | Enrollı | nent No. | : 16116590024 | | | | | | | | | |
| 3. | Month | Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| 4. | Amour | nt (in Rs.) | :(in | words): | | | | | | | | |
| 5. | Name | of the School | : USLLS | | | | | | | | | |
| 6. | Reside | ntial Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 9999788905 Email: | | | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addres | s of the Bank | | | | | | | | | | |
| | by decla | <u>re that :</u> | | | | | | | | | | |
| | | ne research scholar of the USS/Centres of Exce at address mentioned at Sr. No. 6 above, which | | | | | | | | | | |

<u>Ih</u> * * * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Himani Arya

No.

: 16116590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in







| 2. Enr 3. Mo 4. Am | Ms. Deepshikha me of the Fellow rollment No. onth/Period of fellowship Claimed mount (in Rs.) | : Ms. Deepshikha : 16216590024 :20 | from : | Rs. 25000/- | | | | | | | |
|--------------------------|---|--|--------|-------------|--|--|--|--|--|--|--|
| 2. Enr 3. Mo 4. Am | rollment No. onth/Period of fellowship Claimed | : 16216590024 :20 | from : | | | | | | | | |
| 6. Mo 4. Am | onth/Period of fellowship Claimed | :20 | from . | | | | | | | | |
| . Am | * | | from . | | | | | | | | |
| | nount (in Rs.) | | | to | | | | | | | |
| . Nai | | :(in words): | | | | | | | | | |
| | me of the School | : USLLS | | | | | | | | | |
| 6. Res | sidential Address | : | | | | | | | | | |
| | | : | | | | | | | | | |
| | | : | | | | | | | | | |
| . Mo | obile No. & Email ID | : 9654639364 Email: | | | | | | | | | |
| 8. Aw | vard Letter No. & date(Copy Attached) | : | | | | | | | | | |
|). Nai | me of the Supervisor (s) | : | | | | | | | | | |
| 0. Bar | nk Account No. | IFSC Code : | | | | | | | | | |
| | | : Name of the Bank: | | | | | | | | | |
| Ade | dress of the Bank | | | | | | | | | | |

* * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No.

: Ms. Deepshikha

: 16216590024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IIIPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | <u>.owship : IUP</u> | <u>'F</u> |
|---|---|---|---|--|--------------------------------------|--------------------|
| II | D.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.) |
| | 96 | Mr. Haris Hasan | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Haris Hasan | | | |
| 2. | Enroll | ment No. | : 03120390024 | | | |
| 3. | Month | n/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMC | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8447985545 Email | : | | |
| 8. | Awaro | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| ✓ I ar ✓ I ar ✓ I ar Boo ✓ I ar I ar I f as a | n a full ti n residin n not av dies or ar n not em result | are that : ime research scholar of the USS/Centres of Exca g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistance y other industry or from the University. ployed anywhere. of check or audit objection, some in the objected amount. | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| Dated : | | | | Signatur | e of the Research | Fellow |
| Certified | d that t | he enclosed attendance record has been | en verified for the period | l 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 | | | | | | | | | | | | | 30 | | |
| Leave | | | | | | | | | | | | | | | |

Signature of supervisor with stamp

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



Name of the Fellow: Mr. Haris HasanEnrollment No.: 03120390024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.





IUPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | <u> JOWSHIP : IUP</u> | <u>'F</u> |
|---|--|--|--|--|--------------------------------------|--------------------|
| II | D.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.) |
| | 97 | Ms. Garvita Suneja | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Garvita Suneja | | | |
| 2. | Enroll | ment No. | : 12716690024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 0 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ I ar ❖ I ar ✤ I ar Boo ❖ I ar I ar I f as a | n a full ti n residing n not ava dies or an n not emj result | are that : me research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, which ailing any other fellowship, financial assistance by other industry or from the University. ployed anywhere. of check or audit objection, some irre the objected amount. | h is not a government accomme e, grants, etc from any other C | odation. Govt./Public Institutions, c | or from the CSR Funds | |
| Dated : | | | | Signatur | e 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 c | of amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Garvita Suneja

Enrollment No.

: 12716690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Ý | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.







| | PR | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | <u>LOWSHIP : IUP</u> | <u>'F</u> |
|--|--|--|--|--|--------------------------------------|--------------------|
| | D.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.) |
| | 98 | Ms. Jyoti | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Jyoti | L | | |
| 2. | Enroll | ment No. | : 13116690024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 0 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10 | . Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ♦ Ia ♦ Ia ♦ Ia Be ♦ Ia | um a full ti um residing um not ava odies or an um not emp | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | th is not a government accommon e, grants, etc from any other C | odation. ovt./Public Institutions, o | or from the CSR Funds | * |
| | | the objected amount. | - • | 0 | | • |

| Dated : | Signature of the Research Fellow |
|---|----------------------------------|
| Certified that the enclosed attendance record has been verified for the period from | toand also |
| the progress of the Scholar is satisfactory. His/her fellowship for the month | of amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

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



: Ms. Jyoti

Enrollment No.

: 13116690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





IIIPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|---|--|---|---|---|--------------------------------------|--------------------|
| II | D.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.) |
| | 99 | Ms. Parul Sharma | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Parul Sharma | | • | |
| 2. | Enrol | ment No. | : 13416690024 | | | |
| 3. | Montl | n/Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | unt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Resid | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 0 Email: | | | |
| 8. | Awar | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ess of the Bank | | | | |
| ✤ I an ❖ I an ❖ I an ℬoo ❖ I an I an I f as a | n a full t n residin n not av dies or an n not em result | are that : ime research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir the objected amount. | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University odation. Govt./Public Institutions, o | or from the CSR Funds | |
| Dated : | | | | Signatur | re of the Research | Fellow |
| Certified | d that t | he enclosed attendance record has be | en verified for the period | l 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 | | | | | | | | | | | | | 30 | | |
| Leave | | | | | | | | | | | | | | | |

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Parul Sharma

Enrollment No.

: 13416690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IUPF | | | | | | | | | | |
|--|--|--|---|--|--------------------------------------|--------------------|--|--|--|--|--|
| Π | D.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.) | | | | | |
| | 100 | Ms. Garima Anand | | | Rs. 25000/- | | | | | | |
| 1. | Name | of the Fellow | : Ms. Garima Anand | | | | | | | | |
| 2. | Enroll | ment No. | : 13516690024 | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | | | | | | |
| 5. | Name | of the School | : USMS | | | | | | | | |
| 6. | Reside | ential Address | : | | | | | | | | |
| | | | : | | | | | | | | |
| | | | : | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 0 Email: | | | _ | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | |
| ♦ I an ♦ I an ♦ I an Bo ♦ I an ♦ I an I an I an Bo I an Bo Bo Tan Bo Bo Tan Bo Tan Bo Bo< | 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. | | | | | | | | | | |
| | | | | 0 | | | | | | | |
| | | he enclosed attendance record has been | | | | | | | | | |
| - | - | f the Scholar is satisfactory. His/h | _ | | | - | | | | | |
| Rs | | (Rs: | | | only) may be r | eleased. | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Garima Anand

Enrollment No.

: 13516690024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.



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| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE F | RELEASE OF FELI | LOWSHIP : IUP | <u>°F</u> |
|---|--|--|--|--|--------------------------------------|--------------------|
| Ι | D.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.) |
| | 101 | Ms. Kirti | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Kirti | | | |
| 2. | Enroll | ment No. | : 13716690024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(ir | words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 0 Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ Ia ♦ Ia ♥ Ia ♥ Ia If as a | by decla m a full ti m residing m not ava odies or an m not emj result | The that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordir h is not a government accomm e, grants, etc from any other (| nance-35 of the University odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| or reg | ularize | the objected amount. | | | | |

| Dated : | | Signature of the Research Fellow |
|------------------------|---|----------------------------------|
| Certified that the enc | losed attendance record has been verified for the period from | to and also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs | | | | | | | | | | only). |



: Ms. Kirti

Enrollment No.

: 13716690024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



102

TTTDD



| | <u>PRC</u> | DFORMA FOR SUBMITTING TH | <u>E CLAIM FOR THE R</u> | ELEASE OF FELI | LOWSHIP : IUP | <u>r</u> | | | | | | |
|------|------------|----------------------------------|---|--|--------------------------------------|--------------------|--|--|--|--|--|--|
| Π | D.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.) | | | | | | |
|]] | 102 | Ms. Shivangi Pandey | | | Rs. 25000/- | | | | | | | |
| 1. | Name | of the Fellow | : Ms. Shivangi Pandey | | | | | | | | | |
| 2. | Enrolli | ment No. | : 13916690024 | | | | | | | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | | |
| 4. | Amour | nt (in Rs.) | :(in | words): | | | | | | | | |
| 5. | Name | of the School | : USMS | | | | | | | | | |
| 6. | Reside | ntial Address | : | | | | | | | | | |
| 7. | Mobile | e No. & Email ID | : | | | | | | | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | | | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | | | | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | | | | | | | |
| | | | : Name of the Bank: | | | | | | | | | |
| | Addres | ss of the Bank | | | | | | | | | | |
| eret | | <u>re that :</u> | | | | | | | | | | |

<u>I he</u> * 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. ٠

 \diamond I am not employed anywhere.

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 encl | osed attendance record has been verified for the period from | toand also | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | |
| Rs | (Rs: | only) may be released. | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Shivangi Pandey

Enrollment No.

: 13916690024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE I | RELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|--|---|--|--|--|--------------------------------------|--------------------|
| Π | D.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.) |
| 1 | 103 | Ms. Priyanka Yadav | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Priyanka Yadav | | | |
| 2. | Enroll | ment No. | : 14116690024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | n words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | _ . | | |
| 7. | Mobile | e No. & Email ID | : 8732958149 Emai | 1: | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank / | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ I ar ❖ I ar ✤ I ar Ɓoo ❖ I ar ff as a | n a full tin n residing n not ava dies or an n not emp result (| The that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic uiling any other fellowship, financial assistanc y other industry or from the University. oloyed anywhere. of check or audit objection, some ir the objected amount. | th is not a government accomm e, grants, etc from any other | odation. Govt./Public Institutions, o | or from the CSR Funds | * |

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Priyanka Yadav

Enrollment No.

: 14116690024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





| PR | OFORMA FOR SUBMITTING TH | <u>E CLAIM FOR THE R</u> | ELEASE OF FELI | LOWSHIP : IUP | <u>r</u> | | | | | |
|-----------|------------------------------------|---|--|--------------------------------------|--------------------|--|--|--|--|--|
| ID.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.) | | | | | |
| 104 | Ms. Sarika | | | Rs. 25000/- | | | | | | |
| . Name | of the Fellow | : Ms. Sarika | L | 1 1 | | | | | | |
| 2. Enroll | ment No. | : 14316690024 | | | | | | | | |
| 6. Month | /Period of fellowship Claimed | :20 | from : | to | | | | | | |
| . Amou | nt (in Rs.) | :(in | words): | | | | | | | |
| . Name | of the School | : USMS | | | | | | | | |
| 6. Reside | ential Address | : | | | | | | | | |
| | | : | | | | | | | | |
| . Mobile | e No. & Email ID | : | · | | | | | | | |
| . Award | l Letter No. & date(Copy Attached) | : | | | | | | | | |
| . Name | of the Supervisor (s) | : | | | | | | | | |
| 0. Bank | Account No. | : | | | | | | | | |
| | | : Name of the Bank: | | | | | | | | |
| A ddro | ss of the Bank | | | | | | | | | |

<u>I h</u> * 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. ٠

* I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Sarika

Enrollment No.

: 14316690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 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.





IUPF

| ID.1 | No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|--|--|---|--|--|--------------------------------------|-------------------|
| 10 |)5 | Ms. Kanchan Kumari | | | Rs. 25000/- | |
| 1. N | Vame | of the Fellow | : Ms. Kanchan Kumar | i | 1 1 | |
| 2. E | Enrollı | ment No. | : 14416690024 | | | |
| 3. N | Aonth | /Period of fellowship Claimed | :20 | from : | to | |
| 4. A | Amoui | nt (in Rs.) | :(in | words): | | |
| 5. N | Jame | of the School | : USMS | | | |
| 5. R | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. N | Aobile | e No. & Email ID | | : | | |
| З. А | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. N | Vame | of the Supervisor (s) | : | | | |
| 10. B | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| А | Addres | ss of the Bank | | | | |
| reby I am a I am r I am r Bodies | decla a full tin residing not ava es or an | The that : me research scholar of the USS/Centres of Exco g at address mentioned at Sr. No. 6 above, whic iling any other fellowship, financial assistanc y other industry or from the University. ploved anywhere. | ellence established under Ordin h is not a government accommo | ance-35 of the University. odation. | | |

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



| Na | ne of | the Fell | ow |
|----|-------|----------|----|
| | | | |

: Ms. Kanchan Kumari

Enrollment No.

: 14416690024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.





IUPF

| | <u>PR</u> | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F</u> |
|--|---|--|---|--|--------------------------------------|--------------------|
| | D.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.) |
| | 106 | Ms. Ratna Priya | | (| Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Ratna Priya | <u> </u> | <u> </u> | |
| 2. | Enroll | ment No. | : 14616690024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8810564685 Email | | | |
| 8. | Award | l Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10 | . Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ♦ I a ♦ I a ♦ I a Bo ♦ I a | by decla im a full ti im residin am not av odies or ar im not em | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| or reg | ularize | the objected amount. | - • | <u> </u> | | |

| Dated : | Signature of the Research Fellow |
|---|----------------------------------|
| Certified that the enclosed attendance record has been verified for the period from _ | toand also |
| the progress of the Scholar is satisfactory. His/her fellowship for the month of | of amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs | | | | | | | | | | only). |



: Ms. Ratna Priya

Enrollment No.

: 14616690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | I | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.





IUPF

| | PR | OFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | LOWSHIP : IUP | <u>'F'</u> |
|---|---|---|---|--|--------------------------------------|--------------------|
| Ι | D.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.) |
| | 107 | Ms. Neha Singh | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Neha Singh | I | 11 | |
| 2. | Enroll | ment No. | : 14816690024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USMS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8287072490 Email | | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ I an ♦ I an ♦ I an Bo ♦ I an Han Bo ♥ I an I f as a | by decla m a full ti m residing m not ava dies or an m not emp result | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc by other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. Govt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| or reg | ularize | 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 | | | | | | | | | | | | | 30 | | |

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Neha Singh

: 14816690024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.





TIDD

IUPF

| ID.] | No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed | Fellowship amount of one month | Amount (in Rs.) |
|-----------------------------------|-------------------------------|--|---|--|--------------------------------------|--------------------|
| 10 | 19 | Ms. Aakansha | | (To Month) | Rs. 25000/- | |
| 10 | 50 | MS. MARAIISIIA | | | K3. 20000/- | |
| 1. N | Jame | of the Fellow | : Ms. Aakansha | | | |
| 2. E | Enrolli | ment No. | : 14916690024 | | | |
| 3. N | /Ionth | /Period of fellowship Claimed | :20 | from : | to | |
| 4. A | mou | nt (in Rs.) | :(in | words): | | |
| 5. N | Jame | of the School | : USMS | | | |
| 6. R | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. N | Aobile | e No. & Email ID | : 8587007803 Email | : | | |
| 8. A | ward | Letter No. & date(Copy Attached) | : | | | |
| 9. N | Jame | of the Supervisor (s) | : | | | |
| 10. B | Bank A | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| А | Addres | ss of the Bank | | | | |
| e reby I am a I am r | decla full tin residing | are that : me research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, whic uiling any other fellowship, financial assistanc | ellence established under Ordin h is not a government accomm | ance-35 of the University odation. | | |

* I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Aakansha

Enrollment No.

: 14916690024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



109



| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR | THE RE | LEASE OF FELI | LOWSHIP : IUP | <u>F</u> |
|------|--------|----------------------------------|--|--------|--|--------------------------------------|--------------------|
| II | D.No. | Name of the Fellow | Month/Period fellowship Cla (From Mont | imed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
| 1 | 109 | Ms. Kirti | | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Kirti | | | 1 1 | |
| 2. | Enroll | ment No. | : 00519090024 | | | | |
| 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. | Amour | nt (in Rs.) | : | (in v | words): | | |
| 5. | Name | of the School | : USAR | | | | |
| 6. | Reside | ntial Address | | | | | |
| | | | | | | | |
| 7. | Mobile | e No. & Email ID | : 8130326494 | Email: | | | |
| 8. | Award | Letter No. & date(Copy Attached) | | | | | |
| 9. | Name | of the Supervisor (s) | : | | | | |
| 10. | Bank A | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Ba | ink: | | | |
| | Addres | ss of the Bank | | | | | |
| eret | | re that : | | | | | |

<u>I ho</u> * 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. ٠

 \diamond I am not employed anywhere.

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 Fell | ow |
|-------------------------|---|--------------------------------|------|
| Certified that the encl | losed attendance record has been verified for the period from | toand | also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting | g to |
| Rs | (Rs: | only) may be relea | sed. |

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

Signature of supervisor with stamp

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



: Ms. Kirti

Enrollment No.

: 00519090024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Fellowship ID



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| | | DFORMA FOR SUBMITTING TH | | | | <u>r</u> |
|---|--|--|---|---|------------------------|---------------|
| II | D.No. | Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amount |
| | | | fellowship Claimed (From Month) | fellowship Claimed | amount of one month | (in Rs.) |
| | | | | (To Month) | monui | |
| 1 | L 10 | Mr. Himanshu Mishra | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Mr. Himanshu Mishi | ra | | |
| 2. | Enroll | ment No. | : 00518290024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(ir | words): | | |
| 5. | Name | of the School | : USDI | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 8707237632 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✤ I an♦ I an | y decla n a full tin n residing | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistance | ellence established under Ordir h is not a government accomm | nance-35 of the University. odation. | | |
| | | y other industry or from the University. ployed anywhere. | | | | × |
| | | of check or audit objection, some ir | regularity is noticed at | a later stage, action | will be taken to r | efund, adjust |
| | | 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 | f amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs | | | | | | | | | | only). |



| Name of the Fellow | |
|--------------------|--|
| Enrollment No. | |

: Mr. Himanshu Mishra

: 00518290024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.

Fellowship ID



TIDD

IUPF

| ID.No. | Name of the Fellow | Month/Period o fellowship Claim (From Month) | ed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|----------|------------------------------------|--|--------|--|--------------------------------------|-------------------|
| 111 | Ms. Parvinder Kaur | | | | Rs. 25000/- | |
| I. Name | e of the Fellow | : Ms. Parvinder Ka | aur | | | |
| 2. Enrol | lment No. | : 00517390024 | | | | |
| 3. Montl | h/Period of fellowship Claimed | : | _20 | from : | to | |
| 4. Amou | unt (in Rs.) | : | _(in v | words): | | |
| 5. Name | e of the School | : USAP | | | | |
| 6. Resid | ential Address | : | | | | |
| | | : | | | | |
| | | : | | | | |
| 7. Mobil | le No. & Email ID | : 9818305922 E | mail: | | | |
| 3. Awar | d Letter No. & date(Copy Attached) | : | | | | |
| 9. Name | e of the Supervisor (s) | : | | | | |
| 10. Bank | Account No. | : | | | | |
| | | : Name of the Bank | : | | | |
| مىلىلى 4 | ess of the Bank | | | | | |

Bodies or any other industry or from the University. \Leftrightarrow I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow : Ms. Parvinder Kaur

Enrollment No.

: 00517390024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Fellowship ID



IUPF

| II | D.No. | Name of the Fellow | Month/Period c fellowship Claim (From Month) | ed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs. | | | | | |
|------------------------------------|---|---|--|-----------------|--|--------------------------------------|------------------|--|--|--|--|--|
| 1 | 12 | Ms. Anupama | | Rs. 25000/- | | | | | | | | |
| l. | Name | of the Fellow | : Ms. Anupama | | | | | | | | | |
| 2. | Enroll | ment No. | : 00120490024 | | | | | | | | | |
| 3. | Month | n/Period of fellowship Claimed | : | _20 | from : | to | | | | | | |
| ŀ. | Amou | nt (in Rs.) | : | _(in | words): | | | | | | | |
| 5. | Name | of the School | : USLA | | | | | | | | | |
| 5. | Reside | ential Address | : | | | | | | | | | |
| | | | : | | | | | | | | | |
| | | | | | | | | | | | | |
| 7. | Mobil | e No. & Email ID | : 9810093401 E | mail: | | | | | | | | |
| 3. | Award | l Letter No. & date(Copy Attached) | : | | | | | | | | | |
|). | Name | of the Supervisor (s) | | | | | | | | | | |
| 10. | Bank . | Account No. | : | | IFSC Code : | | | | | | | |
| | | | : Name of the Bank | : | | | | | | | | |
| | Addre | ss of the Bank | | | | | | | | | | |
| reb I an I an I an | y decla a full ti residing n not ava | are that : me research scholar of the USS/Centres of Excu g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. | ellence established under h is not a government acc | Ordina commo | ance-35 of the University. | | | | | | | |

 \Leftrightarrow I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also | | | | | |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to | | | | | |
| Rs | (Rs: | only) may be released. | | | | | |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



Name of the Fellow Enrollment No. : Ms. Anupama

: 00120490024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Fellowship ID



IUPF

| | PRO | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELL | <u> LOWSHIP : IUP</u> | <u>'F'</u> |
|---|---|--|---|--|---------------------------------------|--------------------|
| II | D.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.) |
| 1 | 113 | Ms. Jyoti Kumari | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Jyoti Kumari | | · · · · · · · · · · · · · · · · · · · | |
| 2. | Enroll | ment No. | : 10340890024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20_ | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 8005626918 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | ····· | | |
| 10. | Bank / | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss of the Bank | | | | |
| ✤ I an ♦ I an ♦ I an Boo ♦ I an Boo ♦ I an I an If as a | n a full tin n residing n not ava dies or an n not emp result (| The that : me research scholar of the USS/Centres of Exc. g at address mentioned at Sr. No. 6 above, whice uiling any other fellowship, financial assistanc y other industry or from the University. ologed anywhere. of check or audit objection, some ir the objected amount. | h is not a government accomm e, grants, etc from any other (| odation. Govt./Public Institutions, c | or from the CSR Funds | • |

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Jyoti Kumari

Enrollment No.

: 10340890024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in



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| II | D.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.) |
|-----|--------|----------------------------------|---|--|--------------------------------------|--------------------|
| 1 | 14 | Ms. Madhubala | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Madhubala | | | |
| 2. | Enroll | ment No. | : 10540890024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 7206696857 Email: | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |

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. ٠

 \Leftrightarrow I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Madhubala

Enrollment No.

: 10540890024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Fellowship ID

TIDD



IUPF

| Π | D.No. | Name of the Fellow | Month/Period of fellowship Claimed (From Month) | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|--------------|--------------------------------------|--|---|--|--------------------------------------|-------------------|
| 1 | 15 | Ms. Sakshi Sharma | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Sakshi Sharma | 1 | 1 | |
| 2. | Enroll | ment No. | : 10640890024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 8219439974 Email | : | | |
| 8. | Award | d Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| I an I an | y decla n a full ti n residing | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc | ellence established under Ordir h is not a government accomm | ance-35 of the University odation. | | |

I am not employed anywhere.

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 enc | losed attendance record has been verified for the period from | toand also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amounting to |
| Rs | (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Sakshi Sharma

Enrollment No.

: 10640890024

| Jan | Feb | Mar | Amil | May | June |
|------|-----|-----|---------|-------|------|
| Jan | red | Mai | April | Iviay | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | Year 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Ŷ | Year 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | /ear 20 | | |
| Jan | Feb | Mar | April | May | June |
| July | Aug | Sep | Oct. | Nov. | Dec |
| | | Y | 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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, drc@ipu.ac.in





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| | <u>PR(</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR THE R | ELEASE OF FELI | | <u>r</u> |
|------|---|---|--|--|--------------------------------------|--------------------|
| Π | D.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.) |
| 1 | 116 | Ms. Himani | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Himani | | | |
| 2. | Enrollı | nent No. | : 10740890024 | | | |
| 3. | Month | Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amour | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | No. & Email ID | : 7665996418 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | s of the Bank | | | | |
| I ar | by decla n a full tin n residing | re that : ne research scholar of the USS/Centres of Exce at address mentioned at Sr. No. 6 above, which | llence established under Ordin 1 is not a government accomm | ance-35 of the University. odation. | | |

<u>I ho</u> * * * 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.

 \diamond I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Himani

Enrollment No.

: 10740890024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.

Fellowship ID



IUPF

| | <u>PR</u> | OFORMA FOR SUBMITTING TH | <u>E CLAIM FOR THE R</u> | ELEASE OF FELI | LOWSHIP : IUP | <u>r</u> |
|---|---|--|---|--|--------------------------------------|--------------------|
| Π | D.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.) |
| 1 | 117 | Ms. Debolina Roy | | | Rs. 25000/- | |
| 1. | Name | of the Fellow | : Ms. Debolina Roy | L | 1 | |
| 2. | Enroll | ment No. | : 10840890024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ential Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobil | e No. & Email ID | : 9891245866 Email: | | | |
| 8. | Award | l Letter No. & date(Copy Attached) | : | | | |
| 9. | Name | of the Supervisor (s) | : | | | |
| 10. | Bank | Account No. | : | | | |
| | | | : Name of the Bank: | | | |
| | Addre | ss of the Bank | | | | |
| ✓ I ar ✓ I ar ✓ I ar Boo ✓ I ar | by decla n a full ti n residing n not ava dies or an n not emp | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. ployed anywhere. of check or audit objection, some ir | ellence established under Ordin h is not a government accomme e, grants, etc from any other C | ance-35 of the University. odation. iovt./Public Institutions, o | or from the CSR Funds | of the Corporate |
| | | the objected amount. | | a rater stuge, action | | cranu, uujust |

| Dated : | Signature of the Research Fellow |
|--|----------------------------------|
| Certified that the enclosed attendance record has been verified for the pe | eriod fromto and also |
| the progress of the Scholar is satisfactory. His/her fellowship for t | the month of amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Debolina Roy

Enrollment No.

: 10840890024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | II | Y | ear 20 | I | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | 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.



IUPF

| ID | .No. | Name of the Fellow | Month/Perio fellowship Cla (From Mon | imed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amoun (in Rs.) |
|------------------------------|-----------------------------------|---|---|----------------------|--|--------------------------------------|-------------------|
| 1 | 18 | Ms. Shruti | | | | Rs. 25000/- | |
| 1. 1 | Name | of the Fellow | : Ms. Shruti | | L | 1 | |
| 2. 1 | Enroll | ment No. | : 10940890024 | | | | |
| 3. 1 | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4. 4 | Amou | nt (in Rs.) | : | (in | words): | | |
| 5. 1 | Name | of the School | : USBAS | | | | |
| 6. 1 | Reside | ential Address | : | | | | |
| | | | : | | | | |
| | | | | | | | |
| 7. 1 | Mobile | e No. & Email ID | : 8708498945 | Email | | | |
| 8. 4 | Award | Letter No. & date(Copy Attached) | : | | | | |
| 9. 1 | Name | of the Supervisor (s) | : | | | | |
| 10. 1 | Bank / | Account No. | : | | IFSC Code : | | |
| | | | : Name of the Ba | ank: | | | |
| 1 | Addre | ss of the Bank | | | | | |
| I am I am I am I am | a full tin residing not ava | tre that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic uiling any other fellowship, financial assistanc y other industry or from the University. | ellence established un h is not a government | der Ordin accommo | ance-35 of the University. odation. | | |

٠ I am not employed anywhere.

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

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Shruti

Enrollment No.

: 10940890024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Year 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Vear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | /ear 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.





IUPF

| | | <u>PR</u> | DFORMA FOR SUBMITTING TH | E CLAIM FOR | THE R | ELEASE OF FELL | LOWSHIP : IUP | <u>'F'</u> |
|-------------|-----------------------------|---|--|---|-----------------------|--|--------------------------------------|--------------------|
| | ID.No. | | Name of the Fellow | Month/Perio fellowship Cla (From Mon | imed | Month/Period of fellowship Claimed (To Month) | Fellowship amount of one month | Amount (in Rs.) |
| | 1 | 119 | Ms. Anita | | | | Rs. 25000/- | |
| L | 1. | Name | of the Fellow | : Ms. Anita | | | | |
| - | 2. | Enroll | ment No. | : 11040890024 | | | | |
| - | 3. | Month | /Period of fellowship Claimed | : | 20 | from : | to | |
| 4 | 4. | Amou | nt (in Rs.) | : | (in | words): | | |
| : | 5. | Name | of the School | : USBAS | | | | |
| (| 6. | Reside | ential Address | : | | | | |
| | | | | : | | | | |
| | | | | : | | | | |
| , | 7. | Mobile | e No. & Email ID | : 9868595282 | Email: | | | |
| : | 8. | Award | Letter No. & date(Copy Attached) | : | | | | |
| (| 9. | Name | of the Supervisor (s) | : | | | | |
| | 10. | Bank 4 | Account No. | : | | IFSC Code : | | |
| | | | | : Name of the Ba | ink: | | ····· | |
| | | Addre | ss of the Bank | | | | | |
| * * * | I an I an I an Boo | y decla n a full ti n residing n not ava dies or an | are that : me research scholar of the USS/Centres of Exc g at address mentioned at Sr. No. 6 above, whic ailing any other fellowship, financial assistanc y other industry or from the University. bloyed anywhere. | ellence established un h is not a government | ler Ordina accommo | ance-35 of the University. Idation. | | |

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 F | ellow |
|------------------------|---|-----------------------------|---------|
| Certified that the enc | losed attendance record has been verified for the period from | toar | nd also |
| the progress of the | Scholar is satisfactory. His/her fellowship for the month of | amount | ing to |
| Rs | (Rs: | only) may be rel | leased. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs. | | | | | | | | | | only). |



: Ms. Anita

Enrollment No.

: 11040890024

| | | Fellowship | started Year 20 | _ | | |
|------|-----|------------|-----------------|------|------|---|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 20 | | |] |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.





IUPF

| ID | .No. | DFORMA FOR SUBMITTING TH Name of the Fellow | Month/Period of | Month/Period of | Fellowship | Amount |
|--|---|---|--|--|------------------------|----------|
| | | | fellowship Claimed (From Month) | fellowship Claimed | amount of one month | (in Rs.) |
| | | | (FIOII MOILII) | (To Month) | monui | |
| 1 | 20 | Ms. Arpita Sharma | | | Rs. 25000/- | |
| 1.] | Name | of the Fellow | : Ms. Arpita Sharma | | I I | |
| 2. | Enroll | ment No. | : 11140890024 | | | |
| 3. | Month | /Period of fellowship Claimed | :20 | from : | to | |
| 4. | Amou | nt (in Rs.) | :(in | words): | | |
| 5. | Name | of the School | : USBAS | | | |
| 6. | Reside | ntial Address | : | | | |
| | | | : | | | |
| | | | : | | | |
| 7. | Mobile | e No. & Email ID | : 9306508979 Email | : | | |
| 8. | Award | Letter No. & date(Copy Attached) | : | | | |
| 9.] | Name | of the Supervisor (s) | : | | | |
| 10. | Bank A | Account No. | : | IFSC Code : | | |
| | | | : Name of the Bank: | | | |
| | Addres | ss of the Bank | | | | |
| ♦ I am ♦ I am ♦ I am Bodi ♦ I am I am | a full tin residing not ava es or an not emp esult (| The that : me research scholar of the USS/Centres of Exce at address mentioned at Sr. No. 6 above, whice illing any other fellowship, financial assistance y other industry or from the University. oloyed anywhere. of check or audit objection, some in the objected amount. | h is not a government accomme e, grants, etc from any other C | odation. Govt./Public Institutions, c | or from the CSR Funds | × |

| 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 | f amounting to |
| Rs (Rs: | only) may be released. |

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

Signature of supervisor with stamp

| Recommended | and | forwarded | to | release | the | fellowship | amount | of | Rs. | |
|-------------|-----|-----------|----|---------|-----|------------|--------|----|-----|--------|
| (Rs | | | | | | | | | | only). |



Name of the Fellow Enrollment No.

: Ms. Arpita Sharma

: 11140890024

| | | Fellowship | started Year 20 | | | |
|------|-----|------------|-----------------|------|------|--|
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | Tear 20 | | | |
| Jan | Feb | Mar | April | May | June | |
| July | Aug | Sep | Oct. | Nov. | Dec | |
| | | Y | fear 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.