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 6 1 'I						
	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.

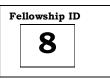
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Dated :		Signature of the Research Fe	llow
Certified that the encl	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	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.

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.							

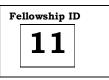
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

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



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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:							
	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.

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.

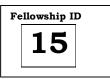
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

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		L	
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.

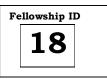
Dated :		Signature of the Research Fellow
Certified that the encl	losed attendance record has been verified for the period from	to and also
the progress of the	Scholar is satisfactory. His/her fellowship for the month of	amounting to
Rs	(Rs:	only) may be released.

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	ear 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	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.

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





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 only other followship, formain againteep	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.

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





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.)
21	Ms. Akshita Sharma			Rs. 25000/-	
1. Name	e of the Fellow	: Ms. Akshita Sharma	l.	<u> </u>	
2. Enrol	llment No.	: 07116390023			
3. Mont	th/Period of fellowship Claimed	:20	from :	to	
4. Amo	unt (in Rs.)	:(in	words):		
5. Name	e of the School	: USEM			
6. Resid	dential Address	:			
		:			
7. Mobi	ile No. & Email ID	:	:		
8. Awai	rd Letter No. & date(Copy Attached)	:			
9. Nam	e of the Supervisor (s)	:			
10. Bank	Account No.	:	IFSC Code :		
		: Name of the Bank:			
Addr	ess of the Bank				
reby dec I am a full I am residi	ress of the Bank <u>lare that :</u> time research scholar of the USS/Centres of Exc. ng at address mentioned at Sr. No. 6 above, whic vailing any other fellowship, financial assistanc	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	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. 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.

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





<u>IUPF</u>

II	D.No.	Name of the Fellow	Month/Period of fellowship Claimed (From 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>





IUPF

		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.	Amou	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.

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





IUPF

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.

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





IUPF

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.

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



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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

H	Fellowship	started	Year	20
	1			

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.

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					

 \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	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.

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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.

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I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University. 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.

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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.

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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.

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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.

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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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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.

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	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				
 ✤ Ia ♦ Ia ♥ Ia Bc ♦ Ia If as 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





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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 (To Month)Amount (in Rs.)									
	44	Ms. Arunima Bansal				Rs. 25000/-						
1.	Name	of the Fellow	: Ms. Arunima	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	: 9811592203	Email:								
8.	Award	l 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										
ereb		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.

* I am not employed anywhere.

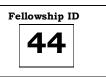
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

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. 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			(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					
	y 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.					

*

If as a result of 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.

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



46

TTTDD



	<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)	Ba 25000/						
	40	MS. Shubhangi baranwar	Rs. 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.

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





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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	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	moui	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.

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





TIDD

IUPF

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

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





IUPF

	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.

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





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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





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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 ♥ 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	/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







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





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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.

* 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

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.)
6	0	Ms. Divya Laxmi			Rs. 25000/-	
1. N	Name	of the Fellow	: Ms. Divya Laxmi		1 1	
2. E	Enroll	ment No.	: 11616690023			
3. N	Montł	/Period of fellowship Claimed	:20	from :	to	
4. <i>A</i>	Amou	nt (in Rs.)	:(in	words):		
5. N	Name	of the School	: USMS			
6. F	Reside	ential Address	:			
			:			
			:			
7. N	Mobil	e No. & Email ID	: 8890060922 Email			
8. A	Award	l Letter No. & date(Copy Attached)	:			
9. N	Name	of the Supervisor (s)	:			
10. E	Bank	Account No.	:	IFSC Code :		
			: Name of the Bank:			
A	Addre	ss of the Bank				
I am a I am r I am r Bodie I am r I am r	a full ti residin not av es or ar not em e sult	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 the objected amount.	th is not a government accomm re, grants, etc from any other C	odation. Govt./Public Institutions, o	or from the CSR Funds	*
ed :				Signatu	re of the Research	Fellow

				8	
Certified th	hat the enclosed attendanc	e record has been verified	for the period from	to	and also
the progre	ess of the Scholar is sat	tisfactory. His/her fellows	ship for the month of		_ amounting to
Rs.	(Rs:			only) r	nay 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.

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



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

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.





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.

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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	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.

Fellowship ID



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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	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.

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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.



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	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.





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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	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).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	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

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.

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 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	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.

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



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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.





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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	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 ar 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.

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 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	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	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



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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	_		
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



89



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	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







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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IUPF

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.

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



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	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.

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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.

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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>
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.

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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.



101



	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

		Name of the Fellow	Month/Period of		Month/Period of	Fellowship	Amount
			fellowship Claimed	d	fellowship	amount of one	(in Rs.)
			(From Month)		Claimed	month	
					(To Month)		
1	05	Ms. Kanchan Kumari				Rs. 25000/-	
1.]	Name	of the Fellow	: Ms. Kanchan Kum	nari			
2.]	Enrollı	ment No.	: 14416690024				
3.]	Month	/Period of fellowship Claimed	:2	20	_ from :	to	
4	Amoui	nt (in Rs.)	:	(in w	ords):		
5. 1	Name	of the School	: USMS				
6.]	Reside	ntial Address	:				
			:				
			:				
7.]	Mobile	e No. & Email ID	:9971372609 Em	nail: _			
8	Award	Letter No. & date(Copy Attached)	:				
9.]	Name	of the Supervisor (s)	:				
10.	Bank A	Account No.	:		_IFSC Code :		
			: Name of the Bank:				
L	Addres	ss of the Bank					
reby	v decla	ure that : me research scholar of the USS/Centres of Exc					
I am	residing	at address mentioned at Sr. No. 6 above, whic iling any other fellowship, financial assistanc	h is not a government accor	mmoda	ation.		of the Cornorat
Bodi	ies or an	y other industry or from the University.	e, grants, etc nom any our	0.000	tar ushe institutolis, e	in monit the Core i unus	or the corporat
		oloyed anywhere. of check or audit objection, some ir	regularity is noticed	at a l	ator stage action	will be taken to r	ofund adjug
5 a I		the objected amount.	i cgular ity is noticeu	atal	atti stage, attion	will be taken to I	ciuliu, aujus

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	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	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.

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



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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	:			
مىلىلە 4	ess 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 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.							

* 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 H an<td>n a full tin n residing n not ava dies or an n not emp result (</td><td>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. ologed anywhere. of check or audit objection, some ir the objected amount.</td><td>h is not a government accomm e, grants, etc from any other (</td><td>odation. Govt./Public Institutions, c</td><td>or from the CSR Funds</td><td>•</td>	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. 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

* 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





ID.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.
115	Ms. Sakshi Sharma			(10 Monut)	Rs. 25000/-	
. Nam	e of the Fellow	: Ms. Sakshi Sharn	na		11	
2. Enro	llment No.	: 10640890024				
3. Mon	th/Period of fellowship Claimed	:	20	from :	to	
4. Amo	unt (in Rs.)	:	_(in v	words):		
5. Nam	e of the School	: USBAS				
6. Resid	dential Address	:				
		:				
		:				
7. Mob	ile No. & Email ID	: 8219439974 E	mail:			
8. Awa	rd Letter No. & date(Copy Attached)	:				
). Nam	e of the Supervisor (s)	:				
10. Bank	Account No.	:		IFSC Code :		
		: Name of the Bank	:			
Addr	ess of the Bank					
<mark>reby dec</mark> I am a full I am residi I am not a	lare that : time research scholar of the USS/Centres of Exc ng at address mentioned at Sr. No. 6 above, whic vailing any other fellowship, financial assistanc any other industry or from the University.	ellence established under (h is not a government acc	Ordina ommoo	nce-35 of the University dation.		

* ywhere.

If as a result of 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	he 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).



: 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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IUPF

	<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 th 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	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	

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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowshin ID



renowship ib	
121	

	PRO	OFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	LOWSHIP : IUP	F					
	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 Rs. 25000/-	Amount (in Rs.)					
					N3. 20000/-						
1.		of the Fellow	: Ms. Rashmi Pawar								
2.	Enroll	ment No.	: 11340890024								
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	:								
,. 8.		Letter No. & date(Copy Attached)									
-			:								
9.		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.

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

Signature of the Dean with Stamp

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



: Ms. Rashmi Pawar

Enrollment No.

: 11340890024

		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.

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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





TTTDD

IUPF

ID.N		Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
12:	2 Ms. Manashvi			Rs. 25000/-	
1. Na	ame of the Fellow	: Ms. Manashvi			
2. En	rollment No.	: 11440890024			
3. Mo	onth/Period of fellowship Claimed	:20	from :	to	
4. Ar	nount (in Rs.)	:(in	words):		
5. Na	ame of the School	: USBAS			
6. Re	esidential Address	:			
		:			
		:			
7. Mo	obile No. & Email ID		:		
8. Av	ward Letter No. & date(Copy Attached				
9. Na	ame of the Supervisor (s)	:			
10. Ba	ink Account No.	:	IFSC Code :		
		: Name of the Bank:			
Ac	ldress of the Bank				
reby d I am a f	leclare that : bull time research scholar of the USS/Centres of I siding at address mentioned at Sr. No. 6 above, v	Excellence established under Ordin	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.										only).



Name of the Fellow Enrollment No. : Ms. Manashvi : 11440890024

		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.





IUPF

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. Surbhi Sharma			Rs. 25000/-	
ame o	of the Fellow	: Ms. Surbhi Sharma			
nrollr	nent No.	: 11540890024			
1onth/	/Period of fellowship Claimed	:20_	from :	to	
mour	nt (in Rs.)	:(ii	n words):		
ame o	of the School	: USBAS			
eside	ntial Address	:			
		:			
		:			
lobile	e No. & Email ID	: 8800183519 Emai	l:		
ward	Letter No. & date(Copy Attached)	:			
ame o	of the Supervisor (s)	:			
ank A	Account No.	:	IFSC Code :		
		: Name of the Bank:			
ddres	ss of the Bank				
full tin esiding not ava s or any ot emp sult o	ne research scholar of the USS/Centres of Exc at address mentioned at Sr. No. 6 above, whic iling any other fellowship, financial assistanc y other industry or from the University. loyed anywhere. If check or audit objection, some ir	h is not a government accomm e, grants, etc from any other	odation. Govt./Public Institutions, o	or from the CSR Funds	*
	3 ame (nrolli Ionth mour ame (eside Iobile ame (ame	3 Ms. Surbhi Sharma ame of the Fellow nrollment No. Ionth/Period of fellowship Claimed mount (in Rs.) ame of the School esidential Address Iobile No. & Email ID ward Letter No. & date(Copy Attached) ame of the Supervisor (s) ank Account No. ddress of the Bank	Image: Animal Charge and Constraints fellowship Claimed (From Month) (3) Ms. Surbhi Sharma ame of the Fellow : Ms. Surbhi Sharma nrollment No. : 11540890024 Ionth/Period of fellowship Claimed :	fellowship Claimed (From Month) fellowship Claimed (To Month) i3 Ms. Surbhi Sharma ame of the Fellow : Ms. Surbhi Sharma armonoliment No. : 11540890024 Ionth/Period of fellowship Claimed :	fellowship Claimed (From Month) fellowship Claimed (To Month) amount of one month 3 Ms. Surbhi Sharma rollowship ame of the Fellow : Ms. Surbhi Sharma nrollment No. : 11540890024 Ionth/Period of fellowship Claimed :

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).



: Ms. Surbhi Sharma

Enrollment No.

: 11540890024

		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.





IUPF

	PR	OFORMA 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.)
1	124	Mr. Nilesh Parmhans			Rs. 25000/-	
1.	Name	of the Fellow	: Mr. Nilesh Parmhans			
2.	Enroll	ment No.	: 11640890024			
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	: 9306318861 Email	:		
8.	Aware	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 ar Boo I an as a	by declar 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 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 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
ted :				Signatu	e of the Research	Fellow

	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).



: Mr. Nilesh Parmhans

Enrollment No.

: 11640890024

		Fellowship	started Year 20	_		
Jan	Feb	Mar	April	May	June	
July	Aug	Sep	Oct.	Nov.	Dec	
	I	Y	ear 20	I]
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.
1	25	Ms. Smarika Sagar			Rs. 25000/-	
l. 1	Name	of the Fellow	: Ms. Smarika Sagar		1 1	
2.	Enroll	ment No.	: 11740890024			
3. 1	Month	/Period of fellowship Claimed	:20	from :	to	
I. .	Amou	nt (in Rs.)	:(in	words):		
5.	Name	of the School	: USBAS			
5.	Reside	ential Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	: 9758925539 Email			
8	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				
reby I am I am I am Bodi	a full tin residing not ava es 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. oloved 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 :		Signature of the Researc	h Fellow
Certified that the enclosed attendance reco	rd has been verified for the period from	to	_ and also
the progress of the Scholar is satisfact	ory. His/her fellowship for the month of	amo	ounting to
Rs (Rs:		only) may be	e 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. Smarika Sagar

Enrollment No.

: 11740890024

		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.





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.)						
]	126	Ms. Yoshita Katiyar			Rs. 25000/-							
1.	Name	of the Fellow	: Ms. Yoshita Katiyar									
2.	Enroll	ment No.	: 11840890024									
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	: 8130320048 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	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 accomm	odation.		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 :		Signature of the Research Fellow
Certified that the enclo	osed attendance record has been verified for the period from	to and 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).



: Ms. Yoshita Katiyar

Enrollment No.

: 11840890024

		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	
		Ŷ	/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

	PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : 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	Amount (in Rs.)				
12	27	Mr. Harshit Sharma			Rs. 25000/-					
1. 1	Name	of the Fellow	: Mr. Harshit Sharma							
2. H	Enrollı	nent No.	: 11940890024							
3. N	Month	Period of fellowship Claimed	:20	from :	to					
4. <i>A</i>	Amour	nt (in Rs.)	:(in	words):						
5. 1	Name	of the School	: USBAS							
6. I	Reside	ntial Address	:							
			:							
			:							
7. N	Mobile	e No. & Email ID	: 9821467619 Email							
8. <i>A</i>	Award	Letter No. & date(Copy Attached)	:							
9. 1	Name	of the Supervisor (s)	:							
10. I	Bank A	Account No.	:							
			: Name of the Bank:							
I	Addres	s of the Bank								
 I hereby ▲ I am ▲ I am Bodia ♦ I am T am 	a full tir residing not ava es or any not emp esult o		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				
Dated :				Signatur	Signature of the Research Fellow					
Certified	that th	e enclosed attendance record has been	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 Sep. Oct. Nov. Dec. Total Total Balance Aug. Leave Leave Leave Availed No. of 30 Leave

Signature of supervisor with stamp

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



: Mr. Harshit Sharma

Enrollment No.

: 11940890024

		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	
		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	

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 (To Month)	Fellowship amount of one month	Amount (in Rs.)
128	Mr. Shivam Dwivedi		Rs. 25000/-		
1. Name	of the Fellow	: Mr. Shivam Dwivedi	L	1 1	
2. Enroll	ment No.	: 12040890024			
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	: 7000939727 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 I am not ava Bodies or an I am 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	h is not a government accomme e, grants, etc from any other C	odation. ovt./Public Institutions, o	or from the CSR Funds	

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).



: Mr. Shivam Dwivedi

Enrollment No.

: 12040890024

		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.





IUPF

	PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : 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	Amount (in Rs.)				
1	L 29	Ms. Riddhima Talwar			Rs. 25000/-					
1.	Name	of the Fellow	: Ms. Riddhima Talwar							
2.	Enroll	ment No.	: 12140890024							
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	: 9899833033 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 an ♦ I an ♦ I an Boo ♦ I an I an I an I f as a 	n a full ti n residin n not av lies or ar n not em result	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 assistance by other industry or from the University. ployed anywhere. of check or audit objection, some in 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				

Cer	ified 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	n 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. Riddhima Talwar

Enrollment No.

: 12140890024

		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.

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





IUPF

	<u>PR(</u>	DFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	<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.)
	130	Ms. Pooja Yadav		· · · · · · · · · · · · · · · · · · ·	Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Pooja Yadav		•	
2.	Enroll	nent No.	: 12240890024			
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	: 8130393757 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 ai	by decla m a full tin m residing	re that : ne research scholar of the USS/Centres of Exce at address mentioned at Sr. No. 6 above, which	llence established under Ordina 1 is not a government accommo	ance-35 of the University. dation.		

<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.

 \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 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).



Name of the Fellow Enrollment No.

: Ms. Pooja Yadav

: 12240890024

		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	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

Fellowshin ID



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	PRO	OFORMA FOR SUBMITTING TH	E CLAIM FOR THE I	RELEASE OF FELI	LOWSHIP : IUP	<u>F</u>				
	D.No.	Name of the Fellow Ms. Prerna Mahajan	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month Rs. 25000/-	Amount (in Rs.)				
	-				10. 20000,					
1.		of the Fellow	: Ms. Prerna Mahajar	l						
2.	Enroll	ment No.	: 12340890024							
3.	Month	/Period of fellowship Claimed	:20_	from :	to					
4.	Amou	nt (in Rs.)	:(ii	n words):						
5.	Name	of the School	: USBAS							
6.	Reside	ential Address	:							
7.	Mobile	e No. & Email ID	: 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:							
	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.

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.

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	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).



: Ms. Prerna Mahajan

Enrollment No.

: 12340890024

		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



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	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	LOWSHIP : IUF	<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.)
-	132	Mr. Mohit Kumar			Rs. 25000/-	
1.	Name	of the Fellow	: Mr. Mohit Kumar			
2.	Enrollı	nent No.	: 12440890024			
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.	Mohile	e No. & Email ID		:		
7. 8.		Letter No. & date(Copy Attached)				
o. 9.			:			
		of the Supervisor (s)	:			
10.	Bank A	Account No.	:			
			: Name of the Bank:	·····		
	Addres	ss of the Bank				
ereł	oy 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).



: Mr. Mohit Kumar

Enrollment No.

: 12440890024

		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







	OFORMA FOR SUBMITTING TH				
ID.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amou
		fellowship Claimed (From Month)	fellowship Claimed	amount of one month	(in Rs.
		(FIOIII MOIIIII)	(To Month)	monun	
133	Ms. Neha Saini			Rs. 25000/-	
. Name	of the Fellow	: Ms. Neha Saini		11	
2. Enroll	ment No.	: 12540890024			
3. Month	/Period of fellowship Claimed	:20	from :	to	
4. Amou	nt (in Rs.)	:(in	words):		
5. Name	of the School	: USBAS			
5. Reside	ential Address	:	· · · · · · · · · · · · · · · · · · ·		
		:			
		:			
7. Mobil	e No. & Email ID	: 8287584256 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				
reby decla					
I am a full ti	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			or from the CSP Funds	of the Corn
	in other industry or from the University.	e, grants, etc from any other C	Jovi./Public Institutions, (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 :		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).



: Ms. Neha Saini

Enrollment No.

: 12540890024

		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	/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





IUPF

ID.No.	Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amour
		fellowship Claimed	fellowship	amount of one	(in Rs.
		(From Month)	Claimed	month	× ×
			(To Month)		
134	Ms. Pooja			Rs. 25000/-	
. Name o	of the Fellow	: Ms. Pooja		1 1	
2. Enrollm	nent No.	: 12640890024			
. Month/	Period of fellowship Claimed	:20_	from :	to	
4. Amount	t (in Rs.)	:(ir	1 words):		
5. Name o	of the School	: USBAS			
. Residen	ntial Address	:			
		:			
		:			
7. Mobile	No. & Email ID	: 7206897206 Email	:		
3. Award	Letter No. & date(Copy Attached)	:			
). Name o	of the Supervisor (s)	:			
0. Bank A	ccount No.	:	IFSC Code :		
		: Name of the Bank:			
Address	s of the Bank				
reby declar					
	ne research scholar of the USS/Centres of Exc				
	at address mentioned at Sr. No. 6 above, whic ling any other fellowship, financial assistanc			or from the CSR Funds	of the Co
	other industry or from the University.	-, g,oin any outer -			

* 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).



: Ms. Pooja

Enrollment No.

: 12640890024

		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.





<u>P</u>	ROFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	LOWSHIP : IUP	<u>F</u>
ID.Nc	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.)
135	Ms. Neha Mehta			Rs. 25000/-	
1. Nar	ne of the Fellow	: Ms. Neha Mehta		1 1	
2. Enr	ollment No.	: 06816090024			
3. Mo	nth/Period of fellowship Claimed	:20	from :	to	
4. Am	ount (in Rs.)	:(in	words):		
5. Nar	ne of the School	: USBT			
6. Res	idential Address	:			
		:			
		:			
7. Mo	bile No. & Email ID	: 9711952292 Email:			
8. Aw	ard Letter No. & date(Copy Attached)	:			
9. Nar	ne of the Supervisor (s)	:			
10. Bar	k Account No.	:	IFSC Code :		
		: Name of the Bank:			
Ado	lress of the Bank				
reby de I am a fu I am resi	clare that : It time research scholar of the USS/Centres of Exce ding at address mentioned at Sr. No. 6 above, which availing any other fellowship, financial assistance	ellence established under Ordin h is not a government accommo	ance-35 of the University.		

<u>|</u> * * 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 Enrollment No. : Ms. Neha Mehta

: 06816090024

		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	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

	PRO	OFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	<u> LOWSHIP : 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.)
	136	Ms. Parool Kaushik			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Parool Kaushik		I I	
2.	Enroll	ment No.	: 06916090024			
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	: 9646425297 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 	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 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, c	or from the CSR Funds	of the Corporate
		the objected amount.	esuarity is noticed at a	a much stage, action	win be taken to i	ciuliu, aujust

Dated :		Signature of the Research Fellow	
Certified that the enclosed attendance re	ecord has been verified for the period from	to and also	
the progress of the Scholar is satisf	actory. 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. Parool Kaushik

: 06916090024

Aug Feb	Mar Sep Year 20_ Mar	April Oct. April April	May Nov. May	June Dec June
Feb	Year 20_			
	Mar		May	Tune
		April	May	June
Aug	~			June
	Sep	Oct.	Nov.	Dec
	Year 20_			
Feb		April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Year 20_			
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Year 20_			
Feb	Mar	April	May	June
Aug	Sep	Oct.	Nov.	Dec
	Feb Aug Feb Aug Feb	Year 20_ Feb Mar Aug Sep Year 20_ Feb Mar Year 20_ Feb Sep Year 20_	Year 20FebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarApril	Year 20FebMarAprilMayAugSepOct.Nov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarOct.Nov.FebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMay

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





<u>IUPF</u>

IΓ).No.	Name of the Fellow	Month/Perio		Month/Period of	Fellowship	Amoun
			fellowship Cl		fellowship	amount of one	(in Rs.
			(From Mor	nth)	Claimed	month	
					(To Month)		
1	37	Ms. Shalu				Rs. 25000/-	
•	Name	of the Fellow	: Ms. Shalu				
2.	Enroll	ment No.	: 07016090024				
5.	Month	/Period of fellowship Claimed	:	20	from :	to	
ŀ.	Amou	nt (in Rs.)	:	(in	words):		
5.	Name	of the School	: USBT				
) .	Reside	ential Address	:				
			:				
			:				
<i>'</i> .	Mobile	e No. & Email ID	: 9711434753	Email:			
3.	Award	Letter No. & date(Copy Attached)	:				
).	Name	of the Supervisor (s)					
0.	Bank A	Account No.	:		IFSC Code :		
			: Name of the B	ank:			
	Addre	ss of the Bank					
		are that :					

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

Enrollment No.

: 07016090024

		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	FORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	LOWSHIP : IUP	<u>F</u>					
IJ	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.)					
	138	Ms. Gitanjli			Rs. 25000/-						
1.	Name	of the Fellow	: Ms. Gitanjli								
2.	Enrollı	nent No.	: 08416390024								
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	: 7838340625 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 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: Ms. GitanjliEnrollment No.: 08416390024

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	
	Y	Year 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	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 Sep Y Y Feb Sep Y Y Feb Mar Y Y Y	Feb Mar Year 20 Feb Mar April Aug Sep Oct. Year 20 Year 20 Feb Mar April Aug Sep Oct. Feb Mar Oct. Feb Mar April Aug Sep Oct. Feb Mar April Aug Sep Oct. Feb Mar April Vear 20 Year 20 Feb Mar April Feb Mar April Feb Mar April Feb Mar April	Feb Mar April May Year 20 Feb Mar April May Aug Sep Oct. Nov. Year 20 Year 20 Feb Mar April May Aug Sep Oct. Nov. Feb Mar April May Aug Sep Oct. Nov. Feb Mar April May Year 20 Year 20 Nov. Year 20 Year 20 Feb Mar April May Year 20 Year 20 Nov. Nov. Feb Mar April May Year 20 Year 20 Nov. Nov.	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.





IUPF

	PR	OFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELL	<u> JOWSHIP : IUP</u>	<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.)						
]	139	Ms. Aanchal Khatri	Rs. 25000/-									
1.	Name	of the Fellow	: Ms. Aanchal Khatri									
2.	Enroll	ment No.	: 08516390024									
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. 8. 9. 10.	Awaro Name	e No. & Email ID I Letter No. & date(Copy Attached) of the Supervisor (s) Account No.	:	IFSC Code :								
	Addre	ss of the Bank										
 ✓ I ar ✓ I ar ✓ I ar Boo ✓ I ar I ar I f as a 	by decla 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 Exce g at address mentioned at Sr. No. 6 above, which ailing any other fellowship, financial assistance yo other industry or from the University. ployed anywhere. of check or audit objection, some irr the objected amount.	ellence established under Ordin h is not a government accommo e, grants, etc from any other G	ance-35 of the University. odation. lovt./Public Institutions, c	or from the CSR Funds	*						
Dated :				Signatur	e of the Research	Fellow						

Cer	tified that	the	encl	losed atte	end	ance record h	as been	verified for	the period	d from		_to	and also
the	progress	of	the	Scholar	is	satisfactory.	His/her	fellowship	for the	month	of		amounting to
Rs				(Rs [.]								only) n	av 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 : **N**

: Ms. Aanchal Khatri

Enrollment No.

: 08516390024

		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.





IUPF

	PRO	DFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELL	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.)
-	140	Ms. Ria Britney Masih			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Ria Britney Masi	h		
2.	Enroll	ment No.	: 08616390024			
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.	Mobile	e No. & Email ID	: 9968249169 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 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	The that : me research scholar of the USS/Centres of Exce g at address mentioned at Sr. No. 6 above, whice uiling 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. iovt./Public Institutions, c	or from the CSR Funds	
Dated :				Signatur	e of the Research	Fellow
Certifie	d that tl	ne enclosed attendance record has bee	en verified for the period	from	_to	and also
the pro	gress o	f the Scholar is satisfactory. His/h	er fellowship for the	month of	amou	nting to
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).



Name of the Fellow: Ms. Ria Britney MasihEnrollment No.: 08616390024

		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	
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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	PRO	DFORMA FOR SUBMITTING THE	E CLAIM FOR THE R	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.)
-	141	Ms. Sonal Sindhu			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Sonal Sindhu			
2.	Enrollı	nent No.	: 27716490024			
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	: : 9992051667 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				
eret		<u>re that :</u>				

<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	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. Sonal Sindhu

: 27716490024

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

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

IT	<u>. n.</u> D.No.	OFORMA FOR SUBMITTING TH Name of the Fellow	Month/Period of	Month/Period of	Fellowship	Amount
	J.1NO.	Ivanie of the renow	fellowship Claimed	fellowship	amount of one	(in Rs.)
			(From Month)	Claimed	month	× /
				(To Month)		
1	42	Ms. Manasvi Bhatt			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Manasvi Bhatt		·	
2.	Enroll	ment No.	: 16416590024			
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	: 7900404171 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 an I an I an Bod I an as a 1	n a full ti n residin n not av lies or ar n not em result	are that : ime research scholar of the USS/Centres of Ex. g at address mentioned at Sr. No. 6 above, whi ailing any other fellowship, financial assistan by other industry or from the University. ployed anywhere. of check or audit objection, some in the objected amount.	ch is not a government accommo ce, grants, etc from any other C	odation. Govt./Public Institutions, o	or from the CSR Funds	_
ted :				Signatu	re of the Research	Follow

Dated	Signature of the Research Fenow
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. Manasvi Bhatt

Enrollment No.

: 16416590024

		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.

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IUPF

	<u>PRC</u>	DFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	LOWSHIP : IUP	<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.)
-	143	Ms. Shivani Pundir			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Shivani Pundir			
2.	Enroll	nent No.	: 16516590024			
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	: 7838298823 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	ellence established under Ordin n is not a government accommo	ance-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.

* 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. Shivani Pundir

: 16516590024

	Fellowship	started Year 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	ear 20	II		
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	ear 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	ear 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Y	ear 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
	Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb	FebMarAugSepAugSepFebMarAugSepYFebFebMarAugSepYFebFebMarYFebFebMarYYFebSepYYFebMarYYY <t< td=""><td>AugSepOct.AugSepOct.FebMarAprilAugSepOct.AugSepOct.FebMarAprilImage: AugSepOct.FebMarOct.FebMarAprilImage: AugSepOct.FebMarOct.Image: AugSepOct.Image: AugSep</td><td>FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayFebMarOct.Nov.FebMarAprilMayFebMarOct.Nov.FebMarOct.Nov.FebMarNov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarAprilMayFebMarAprilMayFebMarMarMayYear 20Year 20Year 20FebMarAprilMayYear 20Year 20<td< td=""><td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneVear 20Year 20Year 20FebMarAprilMayJuneFebMarOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilDecDecYear 20Year 20Year 20DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune</td></td<></td></t<>	AugSepOct.AugSepOct.FebMarAprilAugSepOct.AugSepOct.FebMarAprilImage: AugSepOct.FebMarOct.FebMarAprilImage: AugSepOct.FebMarOct.Image: AugSepOct.Image: AugSep	FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayFebMarOct.Nov.FebMarAprilMayFebMarOct.Nov.FebMarOct.Nov.FebMarNov.Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarAprilMayFebMarAprilMayFebMarMarMayYear 20Year 20Year 20FebMarAprilMayYear 20Year 20 <td< td=""><td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneVear 20Year 20Year 20FebMarAprilMayJuneFebMarOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilDecDecYear 20Year 20Year 20DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune</td></td<>	FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneVear 20Year 20Year 20FebMarAprilMayJuneFebMarOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneFebMarAprilDecDecYear 20Year 20Year 20DecFebMarAprilMayJuneFebMarAprilMayJuneFebMarAprilMayJune

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>r</u>				
IE).No.	Name of the Fellow	Month/Perio		Month/Period of	Fellowship	Amount				
			fellowship Cla (From Mor		fellowship Claimed	amount of one month	(in Rs.)				
				iui)	(To Month)	monun					
1	44	Ms. Anmol Upadhyay			()	Rs. 25000/-					
1.	Name	of the Fellow	: Ms. Anmol Uj	padhyay	7						
2.	Enroll	ment No.	: 16616590024								
3.	Month	/Period of fellowship Claimed	:	20	from :	to					
4.	Amou	nt (in Rs.)	:	(in	words):						
5.	Name	of the School	: USLLS								
6.	6. Residential Address		:								
			:								
			:								
7.	Mobile	e No. & Email ID	: 9650123136	Email:	:						
8.	Award	l 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 I am I am	a full ti residing 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 governmen	t accommo	odation.		of the Corpo				
	not emp	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 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. Anmol Upadhyay

Enrollment No.

: 16616590024

		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>	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.)
1	145	Mr. Sandeep Bansal			Rs. 25000/-	
1.	Name	of the Fellow	: Mr. Sandeep Bansal			
2.	Enroll	ment No.	: 16716590024			
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	: 8447739904 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 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).



: Mr. Sandeep Bansal

Enrollment No.

: 16716590024

		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.





IUPF

	PR	OFORMA 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.)
1	146	Ms. Muditaa Kesarwani			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Muditaa Kesarwa	ani		
2.	Enroll	ment No.	: 16816590024			
3.	Montl	n/Period of fellowship Claimed	:20	from :	to	
4.	Amou	unt (in Rs.)	:(in	words):		
5.	Name	of the School	: USLLS			
6.	Resid	ential Address	:			
			:			
			:			
7.	Mobil	e No. & Email ID	: 9013333717 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 an ♦ I an ♦ I an Boo ♦ I an Han Boo ♦ I an I an I f as a 	n a full t n residin n not av lies or ar 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.	th is not a government accomme e, grants, etc from any other C	odation. Govt./Public Institutions, o	or from the CSR Funds	×
Dated :				Signatur	re of the Research	Fellow

Cer	tified 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													30		
	Leave															

Signature of supervisor with stamp

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



: Ms. Muditaa Kesarwani

Enrollment No.

: 16816590024

		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.





IUPF

Image: state of the state		<u>PR</u>	OFORMA FOR SUBMITTING TH	<u>E CLAIM FOR THE R</u>	ELEASE OF FELL	LOWSHIP : IUP	<u>r</u>
1. Name of the Fellow : Ms. Ayushi Gupta 2. Enrollment No. : 16916590024 3. Month/Period of fellowship Claimed :	Ι	D.No.	Name of the Fellow	fellowship Claimed	fellowship Claimed	amount of one	Amount (in Rs.)
 2. Enrollment No. : 16916590024 3. Month/Period of fellowship Claimed :20from :to		147	Ms. Ayushi Gupta			Rs. 25000/-	
 3. Month/Period of fellowship Claimed :20from :to	1.	Name	of the Fellow	: Ms. Ayushi Gupta			
 4. Amount (in Rs.) :(in words):	2.	Enroll	ment No.	: 16916590024			
 5. Name of the School : USLLS 6. Residential Address :	3.	Month	/Period of fellowship Claimed	:20	from :	to	
 6. Residential Address :	4.	Amou	nt (in Rs.)	:(in	words):		
 7. Mobile No. & Email ID 8. Award Letter No. & date(Copy Attached) 9. Name of the Supervisor (s) 10. Bank Account No. 11. Email:	5.	Name	of the School	: USLLS			
 i	6.	Reside	ential Address	:			
 Mobile No. & Email ID 8287803413 Email:				:			
 7. Mobile No. & Email ID : 8287803413 Email:				:			
 9. Name of the Supervisor (s) :	7.	Mobil	e No. & Email ID				
10. Bank Account No. :	8.	Award	l Letter No. & date(Copy Attached)	:			
Name of the Bank:	9.	Name	of the Supervisor (s)	:			
Address of the Bank	10.	Bank	Account No.	:	IFSC Code :		
 hereby declare that : I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University. I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporation of the University. I am not employed anywhere. 				: Name of the Bank:			
 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 Corpo Bodies or any other industry or from the University. I am not employed anywhere. 		Addre	ss of the Bank				
If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adj or regularize the objected amount.	 Ian Ian Ian Bo Ian Ian fasa 	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, c	or from the CSR Funds	of the Corporate

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. Ayushi Gupta

Enrollment No.

: 16916590024

		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	
		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	

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/Perio fellowship Cla (From Mon	Fellowship amount of one month	Amoun (in Rs.)							
1	48	Ms. Suhanee Sharma				Rs. 25000/-						
1.	Name	of the Fellow	: Ms. Suhanee S	harma		1 1						
2.	Enroll	ment No.	: 17116590024									
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.	Mobile	e No. & Email ID	: 7011002373	Email:								
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										

÷ 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 Enrollment No.

: Ms. Suhanee Sharma

: 17116590024

	Fellowship	started Year 20			
Feb	Mar	April	May	June	
Aug	Sep	Oct.	Nov.	Dec	
II	Y	ear 20	II		
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	FebMarAugSepAugSepFebMarAugSepFebMarFebMarAugSepFebMarFebSepFebMarFebMarFebMarFebMarFebMarFebMarFebMar	FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarAprilFebMarAprilAugSepOct.FebMarAprilAugSepOct.FebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarAprilFebMarApril	FebMarAprilMayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayAugSepOct.Nov.FebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayFebMarAprilMayAugSepOct.Nov.FebMarOct.Nov.Year 20Year 20Year 20FebMarAprilMayAugSepOct.Nov.FebMarAprilMayYear 20Year 20Year 20FebMarAprilMayMaySepOct.Nov.Year 20Year 20Year 20FebMarAprilMayYear 20Year 20 <td>FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneFebSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilDecDecYear 20Year 20Year 20DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilMayJune</td>	FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneFebSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilDecDecYear 20Year 20Year 20DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarAprilMayJuneFebMarAprilMayJune

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

	<u>PR</u>	OFORMA FOR SUBMITTING TH	E CLAIM FOR THE R	ELEASE OF FELI	LOWSHIP: IUF	<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.)
	149	Ms. Chetna Kataria			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Chetna Kataria	I		
2.	Enroll	ment No.	: 17516590024			
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	: 7060152150 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				
I aı I aı	n a full ti n residin	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	h is not a government accomme	odation.		of the Cornera
		y other industry or from the University.	e, grano, etc nom any other e	sortar uone mattutions, v	or from the core runus	or and corpora

* 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 : N

: Ms. Chetna Kataria

Enrollment No.

: 17516590024

		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.



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	PRO	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.)
	150	Ms. Angela Godwin Uisso			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Angela Godwin U	Jisso		
2.	Enroll	ment No.	: 15216690024			
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.	Mobile	e No. & Email ID	: 0 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 an ♦ I an ♦ I an Boo ♦ I an Boo ♦ I an I an Boo I an I an Boo I an I an Boo Boo I an Boo Boo Boo	m a full tin m residing m not ava dies or an m 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. sloyed anywhere. of check or audit objection, some ir	h is not a government accommo e, grants, etc from any other C	odation. ovt./Public Institutions, c	or from the CSR Funds	•
or regi	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

: Ms. Angela Godwin Uisso

Enrollment No.

: 15216690024

		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	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 Fellowship ID

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



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	<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 Ms. Kanishka Khurana	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month Rs. 25000/-	Amount (in Rs.)					
	-				RS. 200007-						
1.	Name	of the Fellow	: Ms. Kanishka Khura	na							
2.	Enroll	ment No.	: 15316690024								
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.	Mobile	e No. & Email ID	: 8447329614 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.

÷ 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

Signature of the Dean with Stamp

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



: Ms. Kanishka Khurana

Enrollment No.

: 15316690024

		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	E CLAIM FOR THE R	ELEASE OF FELI	LOWSHIP : IUP	<u>F</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.)
	152	Ms. Ada Rehman			Rs. 25000/-	
1	. Name	e of the Fellow	: Ms. Ada Rehman	L	1 1	
2	. Enrol	lment No.	: 15416690024			
3	. Mont	h/Period of fellowship Claimed	:20	from :	to	
4	. Amou	unt (in Rs.)	:(in	words):		
5	. Name	e of the School	: USMS			
6	. Resid	ential Address	:			
			:			
			:			
7	. Mobi	le No. & Email ID	: 0 Email:			
8	. Awar	d Letter No. & date(Copy Attached)	:			
9	. Name	e of the Supervisor (s)	:			
1	0. Bank	Account No.	:	IFSC Code :		
			: Name of the Bank:			
	Addre	ess of the Bank				
 ◇] ◇] ◇] ◇] ✓ I If as 	am a full t am residir am not av Bodies or a am not em a result	lare that : ime research scholar of the USS/Centres of Exc by at address mentioned at Sr. No. 6 above, whic vailing any other fellowship, financial assistance ny other industry or from the University. ployed anywhere. of check or audit objection, some in the objected amount.	th is not a government accommon e, grants, etc from any other G	odation. ovt./Public Institutions, o	or from the CSR Funds	-
Dated	l :			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 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. Ada Rehman

Enrollment No.

: 15416690024

		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	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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	<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 fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
	153	Ms. Riya Dua			Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Riya Dua	1	1	
2.	Enrollı	ment No.	: 15516690024			
3.	Month	/Period of fellowship Claimed	:20_	from :	to	
4.	Amou	nt (in Rs.)	:(in	words):		
5.	Name	of the School	: USMS			
6.	Reside	ntial Address	:			
			:			
			:			
7.	Mobile	e No. & Email ID	: 8851927985 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. Riya Dua

: 15516690024

	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	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	
	Aug Feb Aug Feb Aug Feb Aug Feb Feb Feb Feb	FebMarAugSepFebMarAugSepAugSepFebMarFebMarAugSepFebMarFebSepFebMarFebMarFebMarFebMarFebMarFebMarFebMarFebMar	FebMarAprilAugSepOct.AugSepOct.FebMarAprilAugSepOct.FebMarApril Feb MarApril Feb SepOct.FebSepOct.FebMarAprilAugSepOct.FebSepOct. Feb SepOct. Feb SepOct. $Year 20$ Year 20FebMarAprilFebMarAprilFebMarAprilFebMarApril	AugSepOct.Nov.Year 20Year 20MayAugSepOct.Nov.AugSepOct.Nov.FebMarAprilMayFebSepOct.Nov.FebMarAprilMayFebMarAprilMayImage: SepOct.Nov.FebSepOct.Nov.Image: SepOct.Nov.Image: SepImage: S	FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20MayJuneAugSepOct.Nov.DecAugSepOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecFebMarOct.Nov.DecFebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneAugSepOct.Nov.DecYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJuneYear 20Year 20Year 20FebMarAprilMayJune

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	I HE KI	LLEASE OF FELL	LOWSHIP : IUF	<u>r</u>
I	D.No.	Name of the Fellow	Month/Period fellowship Clas (From Mont	imed	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)
	154	Ms. Shivali Mittal				Rs. 25000/-	
1.	Name	of the Fellow	: Ms. Shivali Mit	ttal			
2.	Enrollı	nent No.	: 15716690024				
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 Ba	nk:			
	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. Shivali Mittal

Enrollment No.

: 15716690024

		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.

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-	PROFORMA FOR SUBMITTING	THE CLAIM FOR THE F	RELEASE OF FELI	LOWSHIP : IUP	<u>'F'</u>						
ID.N		Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Fellowship amount of one month	Amount (in Rs.)						
15	5 Ms. Himani			Rs. 25000/-							
1. Na	ume of the Fellow	: Ms. Himani		•							
2. En	rollment No.	: 00919090024									
3. Mo	onth/Period of fellowship Claimed	:20_	from :	to							
4. Ar	nount (in Rs.)	:(ir	n words):								
5. Na	ume of the School	: USAR									
6. Re	sidential Address	:	:								
		:									
		:									
7. Mo	obile No. & Email ID	: 8168438992 Emai	l:								
8. Av	vard Letter No. & date(Copy Attach										
9. Na	ume of the Supervisor (s)	:									
10. Ba	nk Account No.	:	: IFSC Code :								
		: Name of the Bank:									
Ac	ldress of the Bank										
e reby d I am a f I am res I am no	leclare that : full time research scholar of the USS/Centres or siding at address mentioned at Sr. No. 6 above, ot availing any other fellowship, financial assi or any other industry or from the University.	f Excellence established under Ordin which 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 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

ю.

: 00919090024

		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.