



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
1

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.) |
|----------|-----------------------|---|---|--------------------------------|-----------------|
| 1 | Ms. Ekta Yadav | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Ekta Yadav**
- Enrollment No. : **09040890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7206265909 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

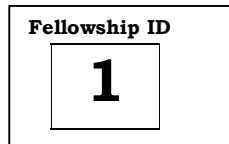
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Ekta Yadav

Enrollment No. : 09040890023

Fellowship started Year 20_____

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Year 20_____

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Year 20_____

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Year 20_____

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Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

| |
|----------------------|
| Fellowship ID |
| 2 |

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.) |
|----------|---------------------------|---|---|--------------------------------|-----------------|
| 2 | Ms. Divisha Kansal | | | Rs. 25000/- | |

1. Name of the Fellow : **Ms. Divisha Kansal**
2. Enrollment No. : **09140890023**
3. Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
4. Amount (in Rs.) : _____ (in words): _____
5. Name of the School : **USBAS**
6. Residential Address : _____
: _____
: _____
7. Mobile No. & Email ID : 9599413090 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 :

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

If as a result of 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.

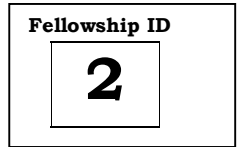
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Divisha Kansal

Enrollment No. : 09140890023

Fellowship started Year 20_____

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Year 20_____

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Year 20_____

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

Year 20_____

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Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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Fellowship ID

3

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.) |
|----------|-------------------------|---|---|--------------------------------|-----------------|
| 3 | Ms. Shagun Singh | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shagun Singh**
- Enrollment No. : **09240890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8383872432 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

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- ❖ I am not employed anywhere.

If as a result of 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.

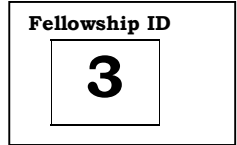
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Shagun Singh**

Enrollment No. : **09240890023**

Fellowship started Year 20_____

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|------|--|-----|--|-----|--|-------|--|------|--|------|--|
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Year 20_____

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Year 20_____

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| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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Year 20_____

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

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

Signature of the Research Fellow



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Fellowship ID
4

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.) |
|----------|--------------------|---|---|--------------------------------|-----------------|
| 4 | Ms. Divya | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Divya**
- Enrollment No. : **09340890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9053229972 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
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- ❖ I am not 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

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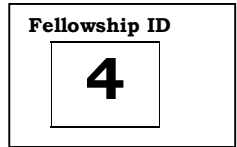
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Divya
Enrollment No. : 09340890023

Fellowship started Year 20_____

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Year 20_____

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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

Year 20_____

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

Year 20_____

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| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
5

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.) |
|----------|-------------------------|---|---|--------------------------------|-----------------|
| 5 | Ms. Asmita Singh | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Asmita Singh**
- Enrollment No. : **09440890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9625967650 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

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- ❖ I am not employed anywhere.

If as a result of 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

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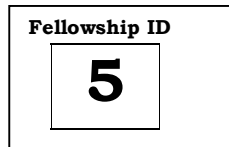
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Asmita Singh

Enrollment No. : 09440890023

Fellowship started Year 20_____

| | | | | | | | | | | | |
|------|--|-----|--|-----|--|-------|--|------|--|------|--|
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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

Year 20_____

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

Year 20_____

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

Year 20_____

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| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

| |
|----------------------|
| Fellowship ID |
| 6 |

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.) |
|----------|--------------------------|---|---|--------------------------------|-----------------|
| 6 | Mr. Kumar Vaibhav | | | Rs. 25000/- | |

1. Name of the Fellow : **Mr. Kumar Vaibhav**
2. Enrollment No. : **09640890023**
3. Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
4. Amount (in Rs.) : _____ (in words): _____
5. Name of the School : **USBAS**
6. Residential Address : _____
: _____
: _____
7. Mobile No. & Email ID : **7570977865** Email: _____
8. Award Letter No. & date(**Copy Attached**) : _____
9. Name of the Supervisor (s) : _____
10. Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

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Dated : _____

Signature of the Research Fellow

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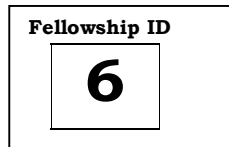
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Kumar Vaibhav**
Enrollment No. : **09640890023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
7

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.) |
|----------|-------------------------|---|---|--------------------------------|-----------------|
| 7 | Ms. Naveen Jyoti | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Naveen Jyoti**
- Enrollment No. : **09740890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9779027835 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

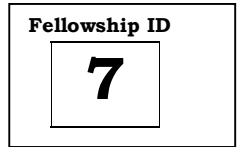
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Naveen Jyoti

Enrollment No. : 09740890023

Fellowship started Year 20_____

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

Year 20_____

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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

Year 20_____

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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

Year 20_____

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| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

| |
|----------------------|
| Fellowship ID |
| 8 |

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.) |
|----------|-----------------------|---|---|--------------------------------|-----------------|
| 8 | Mr. Arun Kumar | | | Rs. 25000/- | |

1. Name of the Fellow : **Mr. Arun Kumar**
2. Enrollment No. : **09840890023**
3. Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
4. Amount (in Rs.) : _____ (in words): _____
5. Name of the School : **USBAS**
6. Residential Address : _____
: _____
: _____
7. Mobile No. & Email ID : 7830862027 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.
- ❖ 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 enclosed attendance record has been verified for the period from _____ to _____ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of _____ amounting to Rs. _____ (Rs: _____ only) may be released.

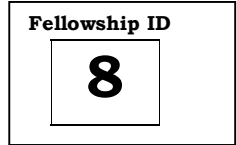
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Arun Kumar**

Enrollment No. : **09840890023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
9

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.) |
|----------|-----------------------|---|---|--------------------------------|-----------------|
| 9 | Mr. Sachin Dev | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Sachin Dev**
- Enrollment No. : **09940890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8853672204 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

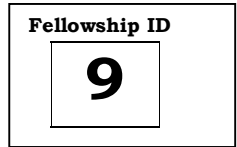
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Sachin Dev**
Enrollment No. : **09940890023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
10

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 10 | Ms. Muskaan Bansal | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Muskaan Bansal**
- Enrollment No. : **10040890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7528870091 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

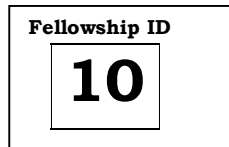
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Muskaan Bansal**

Enrollment No. : **10040890023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
11

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 11 | Mr. Vedanga Shiva | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Vedanga Shiva**
- Enrollment No. : **10140890023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8800828658 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

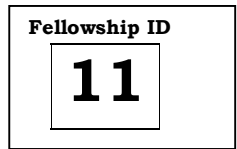
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
12

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 | Ms. Dhruvi Vaish | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Dhruvi Vaish**
- Enrollment No. : **06016090023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9958217366 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
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- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Dhruvi Vaish

Enrollment No. : 06016090023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

13

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 13 | Ms. Anshu Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Anshu Sharma**
- Enrollment No. : **06216090023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9821034721 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Anshu Sharma**

Enrollment No. : **06216090023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

14

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 14 | Ms. Sakshi | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Sakshi**
- Enrollment No. : **06316090023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7015326635 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

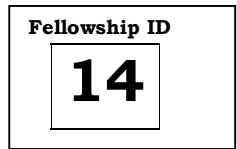
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Sakshi**
Enrollment No. : **06316090023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

15

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.) |
|-----------|---------------------------------|---|---|--------------------------------|-----------------|
| 15 | Mr. Shakti Singh Chauhan | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Shakti Singh Chauhan**
- Enrollment No. : **01416190023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USCT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8447004840 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Shakti Singh Chauhan**
Enrollment No. : **01416190023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
16

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 16 | Ms. Megha Kwatra | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Megha Kwatra**
- Enrollment No. : **03369990723**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7303830700 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Megha Kwatra

Enrollment No. : 03369990723

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

17

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 17 | Ms. Shweta Dogra | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shweta Dogra**
- Enrollment No. : **03469990723**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9650225628 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Shweta Dogra

Enrollment No. : 03469990723

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

18

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 18 | Ms. Rajrani | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Rajrani**
- Enrollment No. : **03769990723**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USE**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9667373638 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Rajrani**
Enrollment No. : **03769990723**

Fellowship started Year 20 _____

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

Year 20 _____

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

Year 20 _____

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

Year 20 _____

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

Year 20 _____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

19

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.) |
|-----------|------------------------------|---|---|--------------------------------|-----------------|
| 19 | Mr. Bishakh Choudhury | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Bishakh Choudhury**
- Enrollment No. : **06916390023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9958841971 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name 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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

20

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 20 | Mr. Nitesh Rout | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Nitesh Rout**
- Enrollment No. : **07016390023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8586992612 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

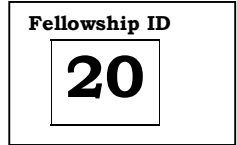
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Nitesh Rout**

Enrollment No. : **07016390023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

21

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 21 | Ms. Akshita Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Akshita Sharma**
- Enrollment No. : **07116390023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7807928178 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

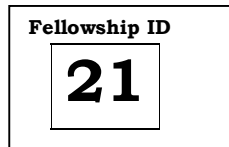
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

22

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 22 | Ms. Namrata Singh | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Namrata Singh**
- Enrollment No. : **07416390023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8896021150 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

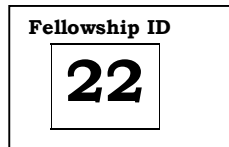
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
23

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 23 | Ms. Karnika Lal | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Karnika Lal**
- Enrollment No. : **07821690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9711145515 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
24

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 24 | Ms. Surbhi Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Surbhi Sharma**
- Enrollment No. : **07921690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : **8920858574** Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Surbhi Sharma

Enrollment No. : 07921690023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
25

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.) |
|-----------|---------------------|---|---|--------------------------------|-----------------|
| 25 | Ms. Devanshi | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Devanshi**
- Enrollment No. : **08021690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7495077008 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

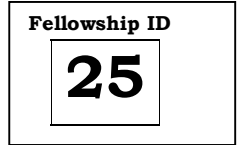
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Devanshi**
Enrollment No. : **08021690023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
26

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.) |
|-----------|--------------------------------|---|---|--------------------------------|-----------------|
| 26 | Ms. Shubangi Srivastava | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shubangi Srivastava**
- Enrollment No. : **08121690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9718123178 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

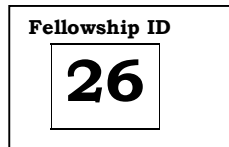
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Shubangi Srivastava

Enrollment No. : 08121690023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
27

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 27 | Ms. Priyanka Yadav | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Priyanka Yadav**
- Enrollment No. : **08221690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8700514296 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

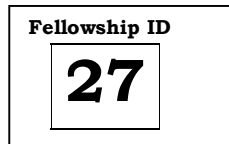
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
28

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 28 | Ms. Tannu | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Tannu**
- Enrollment No. : **08321690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8586939942 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Tannu**
Enrollment No. : **08321690023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
29

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 29 | Ms. Khushi Gupta | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Khushi Gupta**
- Enrollment No. : **08421690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7982172134 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

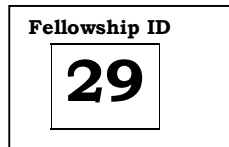
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Khushi Gupta

Enrollment No. : 08421690023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
30

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 30 | Ms. Kashika Wadhwa | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Kashika Wadhwa**
- Enrollment No. : **23116490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9711863560 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

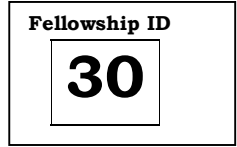
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

31

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 31 | Ms. Neha | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Neha**
- Enrollment No. : **23716490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9572358547 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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Year 20_____

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Year 20_____

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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
32

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 32 | Ms. Nidhi Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Nidhi Sharma**
- Enrollment No. : **24116490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8950889739 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

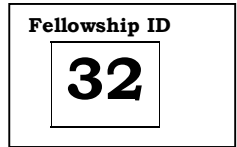
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Nidhi Sharma

Enrollment No. : 24116490023

Fellowship started Year 20_____

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Year 20_____

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Year 20_____

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Year 20_____

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Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

33

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 33 | Ms. Kirti | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Kirti**
- Enrollment No. : **24316490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8130378414 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

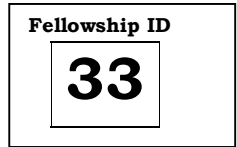
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Kirti
Enrollment No. : 24316490023

Fellowship started Year 20_____

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|------|--|-----|--|-----|--|-------|--|------|--|------|--|
| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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

Year 20_____

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Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

34

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 34 | Ms. Chandni Kohli | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Chandni Kohli**
- Enrollment No. : **24516490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9873234388 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Chandni Kohli

Enrollment No. : 24516490023

Fellowship started Year 20_____

| | | | | | | | | | | | |
|------|--|-----|--|-----|--|-------|--|------|--|------|--|
| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

35

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 35 | Mr. Nitendra Singh | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Nitendra Singh**
- Enrollment No. : **25316490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9891073570 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

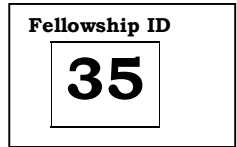
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Mr. Nitendra Singh

Enrollment No. : 25316490023

Fellowship started Year 20_____

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| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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Year 20_____

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| July | | Aug | | Sep | | Oct. | | Nov. | | Dec | |

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
36

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 36 | Ms. Anshika Jain | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Anshika Jain**
- Enrollment No. : **25716490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9999575772 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

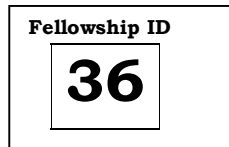
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Anshika Jain**

Enrollment No. : **25716490023**

Fellowship started Year 20_____

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| Jan | | Feb | | Mar | | April | | May | | June | |
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Year 20_____

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Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

37

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 37 | Mr. Laxman Singh | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Laxman Singh**
- Enrollment No. : **25816490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7060341606 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Laxman Singh**

Enrollment No. : **25816490023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

38

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.) |
|-----------|-----------------------------|---|---|--------------------------------|-----------------|
| 38 | Ms. Anushka Bhardwaj | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Anushka Bhardwaj**
- Enrollment No. : **25916490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8800893955 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

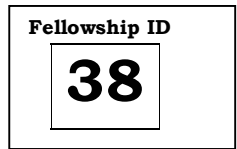
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

39

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 39 | Ms. Anjali Sorout | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Anjali Sorout**
- Enrollment No. : **26216490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7838343585 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

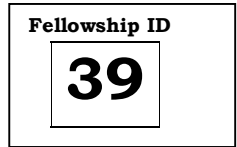
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Anjali Sorout

Enrollment No. : 26216490023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
40

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 40 | Ms. Gayatri | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Gayatri**
- Enrollment No. : **26616490023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8076221542 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

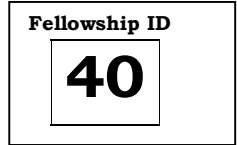
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
41

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 41 | Ms. Priya Bhardwaj | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Priya Bhardwaj**
- Enrollment No. : **11216590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7376098431 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

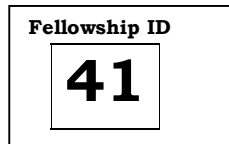
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
42

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.) |
|-----------|-------------------------------|---|---|--------------------------------|-----------------|
| 42 | Mr. Himanshu Vashistha | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Himanshu Vashistha**
- Enrollment No. : **11416590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9782065815 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

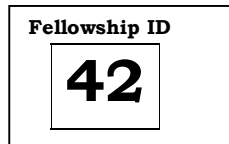
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Himanshu Vashistha**

Enrollment No. : **11416590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
43

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 43 | Ms. Gursharan Kaur | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Gursharan Kaur**
- Enrollment No. : **11716590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8860889067 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

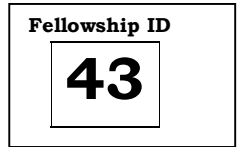
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Gursharan Kaur**
Enrollment No. : **11716590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
44

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 44 | Ms. Arunima Bansal | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Arunima Bansal**
- Enrollment No. : **12116590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9811592203 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

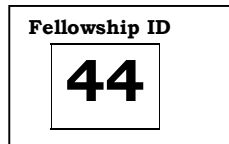
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Arunima Bansal

Enrollment No. : 12116590023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
45

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 45 | Ms. Shikha Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shikha Sharma**
- Enrollment No. : **12516590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8700573835 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

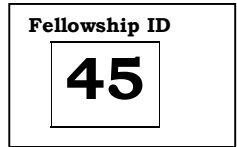
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Shikha Sharma

Enrollment No. : 12516590023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
46

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.) |
|-----------|-------------------------------|---|---|--------------------------------|-----------------|
| 46 | Ms. Shubhangi Baranwal | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shubhangi Baranwal**
- Enrollment No. : **12616590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9452460086 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

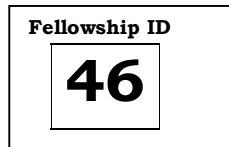
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Shubhangi Baranwal**

Enrollment No. : **12616590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
47

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.) |
|-----------|----------------------------|---|---|--------------------------------|-----------------|
| 47 | Ms. Bhawna Sachdeva | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Bhawna Sachdeva**
- Enrollment No. : **12716590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9599739973 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

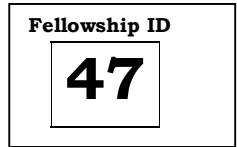
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Bhawna Sachdeva**

Enrollment No. : **12716590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
48

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 48 | Mr. Avinash Kumar | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Avinash Kumar**
- Enrollment No. : **12816590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 6207796813 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

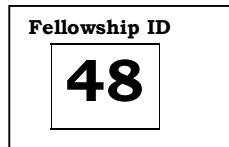
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Avinash Kumar**
Enrollment No. : **12816590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

49

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 49 | Mr. Ankit Yadav | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Ankit Yadav**
- Enrollment No. : **13016590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8795558095 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

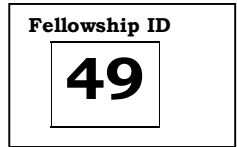
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Ankit Yadav**
Enrollment No. : **13016590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
50

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.) |
|-----------|--------------------------------|---|---|--------------------------------|-----------------|
| 50 | Ms. Jessica Mary Mathew | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Jessica Mary Mathew**
- Enrollment No. : **13116590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9999374127 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

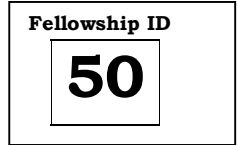
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Jessica Mary Mathew**
Enrollment No. : **13116590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
51

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.) |
|-----------|----------------------|---|---|--------------------------------|-----------------|
| 51 | Ms. Ritu Paul | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Ritu Paul**
- Enrollment No. : **13216590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9315506454 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

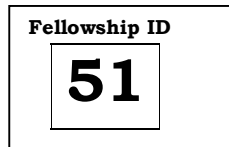
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Ritu Paul**
Enrollment No. : **13216590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
52

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 52 | Ms. Renu | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Renu**
- Enrollment No. : **13516590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9518051060 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

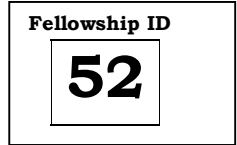
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Renu**
Enrollment No. : **13516590023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

53

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.) |
|-----------|-------------------------------|---|---|--------------------------------|-----------------|
| 53 | Ms. Deepanjali Kashyap | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Deepanjali Kashyap**
- Enrollment No. : **13616590023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9999067271 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

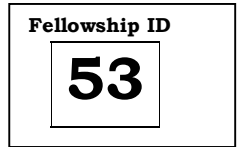
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Deepanjali Kashyap

Enrollment No. : 13616590023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

54

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 54 | Mr. Prashant Bisht | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Prashant Bisht**
- Enrollment No. : **02520390023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : **8279783701** Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

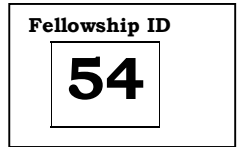
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Prashant Bisht**

Enrollment No. : **02520390023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

55

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.) |
|-----------|----------------------------|---|---|--------------------------------|-----------------|
| 55 | Mr. Shivankar Joshi | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Shivankar Joshi**
- Enrollment No. : **02720390023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7351622860 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

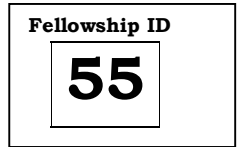
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

56

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 56 | Ms. Priyanka Yadav | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Priyanka Yadav**
- Enrollment No. : **02820390023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9599828837 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

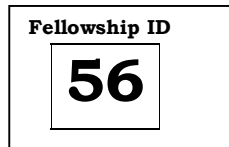
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
57

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 57 | Ms. Suman | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Suman**
- Enrollment No. : **11216690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9728607664 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

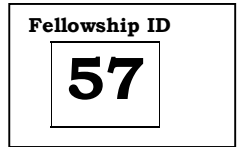
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
58

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 58 | Ms. Jancy Phore | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Jancy Phore**
- Enrollment No. : **11316690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9999438312 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

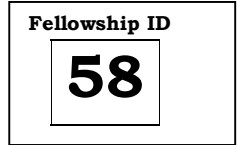
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
59

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 59 | Ms. Yashika | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Yashika**
- Enrollment No. : **11516690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9990555782 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

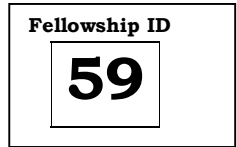
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Yashika**
Enrollment No. : **11516690023**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
60

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 60 | Ms. Divya Laxmi | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Divya Laxmi**
- Enrollment No. : **11616690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8890060922 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

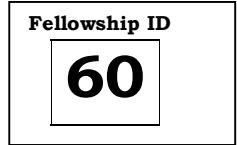
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
61

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 61 | Ms. Aarushi Jain | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Aarushi Jain**
- Enrollment No. : **12016690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7059892222 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

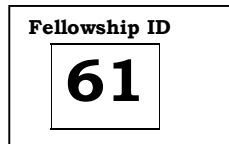
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
62

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.) |
|-----------|-------------------------------|---|---|--------------------------------|-----------------|
| 62 | Ms. Gurleen Kaur Sethi | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Gurleen Kaur Sethi**
- Enrollment No. : **12116690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9650590785 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

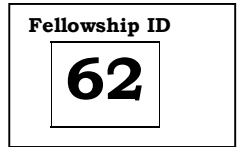
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
63

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 63 | Ms. Vrinda Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Vrinda Sharma**
- Enrollment No. : **12516690023**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7310691516 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

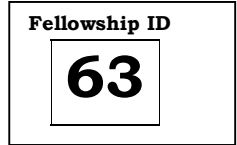
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Vrinda Sharma

Enrollment No. : 12516690023

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

64

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 64 | Ms. Ayushee Mishra | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Ayushee Mishra**
- Enrollment No. : **06416090024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9129032003 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name 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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

65

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.) |
|-----------|------------------------------|---|---|--------------------------------|-----------------|
| 65 | Ms. Niharika Upadhyay | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Niharika Upadhyay**
- Enrollment No. : **06516090024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7678207162 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
66

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.) |
|-----------|------------------------------|---|---|--------------------------------|-----------------|
| 66 | Ms. Srishti Kharoliya | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Srishti Kharoliya**
- Enrollment No. : **06616090024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBT**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9968153969 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

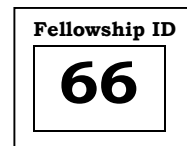
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
67

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.) |
|-----------|-----------------------|---|---|--------------------------------|-----------------|
| 67 | Ms. Hena Malik | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Hena Malik**
- Enrollment No. : **07516390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7042941800 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Hena Malik
Enrollment No. : 07516390024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
68

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.) |
|-----------|-----------------------|---|---|--------------------------------|-----------------|
| 68 | Ms. Juhi Sinha | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Juhi Sinha**
- Enrollment No. : **07616390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9810537910 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Juhi Sinha
Enrollment No. : 07616390024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
69

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 69 | Ms. Manya Tyagi | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Manya Tyagi**
- Enrollment No. : **07716390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9873490641 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Manya Tyagi

Enrollment No. : 07716390024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
70

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 70 | Ms. Ruchi Singh | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Ruchi Singh**
- Enrollment No. : **07816390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7042553351 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

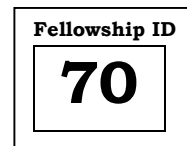
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Ruchi Singh

Enrollment No. : 07816390024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

71

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 71 | Ms. Rupali Yadav | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Rupali Yadav**
- Enrollment No. : **07916390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9560854642 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Rupali Yadav**

Enrollment No. : **07916390024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
72

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 72 | Ms. Sharul | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Sharul**
- Enrollment No. : **08016390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USEM**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8882102992 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Sharul
Enrollment No. : 08016390024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

73

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 73 | Ms. Akanksha Jain | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Akanksha Jain**
- Enrollment No. : **08721690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9354559966 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
74

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.) |
|-----------|----------------------------|---|---|--------------------------------|-----------------|
| 74 | Ms. Apoorva Phutela | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Apoorva Phutela**
- Enrollment No. : **08821690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8826116217 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Apoorva Phutela

Enrollment No. : 08821690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

75

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 75 | Ms. Anushka | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Anushka**
- Enrollment No. : **08921690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : **9773872887** Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Anushka
Enrollment No. : 08921690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
76

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.) |
|-----------|-----------------------------|---|---|--------------------------------|-----------------|
| 76 | Ms. Aayushi Tripathi | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Aayushi Tripathi**
- Enrollment No. : **09021690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8750870847 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

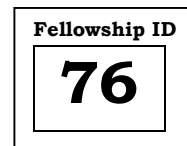
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Aayushi Tripathi

Enrollment No. : 09021690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
77

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 77 | Ms. Chetna Guglani | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Chetna Guglani**
- Enrollment No. : **09221690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USHSS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8448663621 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
78

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 78 | Ms. Sanchi Kalra | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Sanchi Kalra**
- Enrollment No. : **26916490024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9958208995 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

79

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.) |
|-----------|----------------------------|---|---|--------------------------------|-----------------|
| 79 | Ms. Bhawna Bhardwaj | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Bhawna Bhardwaj**
- Enrollment No. : **27116490024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9712928268 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

80

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 80 | Ms. Heena Kwatra | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Heena Kwatra**
- Enrollment No. : **27316490024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USIC&T**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7838397229 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Heena Kwatra
Enrollment No. : 27316490024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
81

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 81 | Ms. Hitanshi Goel | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Hitanshi Goel**
- Enrollment No. : **14716590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8368717674 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

82

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.) |
|-----------|----------------------------|---|---|--------------------------------|-----------------|
| 82 | Ms. Manmeet Dhillon | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Manmeet Dhillon**
- Enrollment No. : **14816590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8199944002 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
83

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 83 | Ms. Ankita Mishra | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Ankita Mishra**
- Enrollment No. : **14916590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9305953582 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
84

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.) |
|-----------|----------------------------|---|---|--------------------------------|-----------------|
| 84 | Mr. Shubham Trivedi | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Shubham Trivedi**
- Enrollment No. : **15016590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8953449221 Email: _____
- Award Letter No. & date(Copy Attached) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
85

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 85 | Ms. Ekta Pandey | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Ekta Pandey**
- Enrollment No. : **15116590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 6205475537 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Ekta Pandey

Enrollment No. : 15116590024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

86

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 86 | Ms. Divya Girsa | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Divya Girsa**
- Enrollment No. : **15216590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7982328250 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Divya Girsra

Enrollment No. : 15216590024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

87

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.) |
|-----------|----------------------------|---|---|--------------------------------|-----------------|
| 87 | Mr. Devesh Bhardwaj | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Devesh Bhardwaj**
- Enrollment No. : **15316590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8964958082 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name 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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

88

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.) |
|-----------|-----------------------------|---|---|--------------------------------|-----------------|
| 88 | Ms. Shambhawi Tiwari | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shambhawi Tiwari**
- Enrollment No. : **15416590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : **7827335791** Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Shambhawi Tiwari
Enrollment No. : 15416590024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
89

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 89 | Mr. Harsha Pathak | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Harsha Pathak**
- Enrollment No. : **15616590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7007575739 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
90

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 90 | Ms. Meenal Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Meenal Sharma**
- Enrollment No. : **15716590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8851422406 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

91

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 91 | Ms. Shreya Gupta | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shreya Gupta**
- Enrollment No. : **15816590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8707471190 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Shreya Gupta

Enrollment No. : 15816590024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
92

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.) |
|-----------|--------------------------|---|---|--------------------------------|-----------------|
| 92 | Ms. Prachi Mishra | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Prachi Mishra**
- Enrollment No. : **15916590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9450473608 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Prachi Mishra
Enrollment No. : 15916590024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
93

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 93 | Mr. Devanand Yadav | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Devanand Yadav**
- Enrollment No. : **16016590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8299613659 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

94

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 94 | Ms. Himani Arya | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Himani Arya**
- Enrollment No. : **16116590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9999788905 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Himani Arya

Enrollment No. : 16116590024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

95

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.) |
|-----------|-----------------------|---|---|--------------------------------|-----------------|
| 95 | Ms. Deepshikha | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Deepshikha**
- Enrollment No. : **16216590024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLLS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9654639364 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Deepshikha
Enrollment No. : 16216590024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
96

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.) |
|-----------|------------------------|---|---|--------------------------------|-----------------|
| 96 | Mr. Haris Hasan | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Haris Hasan**
- Enrollment No. : **03120390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMC**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8447985545 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Haris Hasan**
Enrollment No. : **03120390024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

97

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.) |
|-----------|---------------------------|---|---|--------------------------------|-----------------|
| 97 | Ms. Garvita Suneja | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Garvita Suneja**
- Enrollment No. : **12716690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 0 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Garvita Suneja
Enrollment No. : 12716690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
98

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.) |
|-----------|--------------------|---|---|--------------------------------|-----------------|
| 98 | Ms. Jyoti | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Jyoti**
- Enrollment No. : **13116690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 0 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Jyoti
Enrollment No. : 13116690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
99

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.) |
|-----------|-------------------------|---|---|--------------------------------|-----------------|
| 99 | Ms. Parul Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Parul Sharma**
- Enrollment No. : **13416690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 0 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Parul Sharma

Enrollment No. : 13416690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

100

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.) |
|------------|-------------------------|---|---|--------------------------------|-----------------|
| 100 | Ms. Garima Anand | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Garima Anand**
- Enrollment No. : **13516690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 0 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Garima Anand

Enrollment No. : 13516690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

101

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.) |
|------------|--------------------|---|---|--------------------------------|-----------------|
| 101 | Ms. Kirti | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Kirti**
- Enrollment No. : **13716690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 0 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Kirti**
Enrollment No. : **13716690024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

102

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.) |
|------------|----------------------------|---|---|--------------------------------|-----------------|
| 102 | Ms. Shivangi Pandey | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shivangi Pandey**
- Enrollment No. : **13916690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 0 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

103

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.) |
|------------|---------------------------|---|---|--------------------------------|-----------------|
| 103 | Ms. Priyanka Yadav | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Priyanka Yadav**
- Enrollment No. : **14116690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8732958149 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

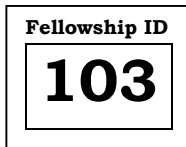
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

104

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.) |
|------------|--------------------|---|---|--------------------------------|-----------------|
| 104 | Ms. Sarika | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Sarika**
- Enrollment No. : **14316690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7292087516 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Sarika
Enrollment No. : 14316690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

105

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.) |
|------------|---------------------------|---|---|--------------------------------|-----------------|
| 105 | Ms. Kanchan Kumari | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Kanchan Kumari**
- Enrollment No. : **14416690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9971372609 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Kanchan Kumari**

Enrollment No. : **14416690024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
106

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.) |
|------------|------------------------|---|---|--------------------------------|-----------------|
| 106 | Ms. Ratna Priya | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Ratna Priya**
- Enrollment No. : **14616690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8810564685 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Ratna Priya**

Enrollment No. : **14616690024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

107

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.) |
|------------|-----------------------|---|---|--------------------------------|-----------------|
| 107 | Ms. Neha Singh | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Neha Singh**
- Enrollment No. : **14816690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8287072490 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Neha Singh

Enrollment No. : 14816690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

108

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.) |
|------------|---------------------|---|---|--------------------------------|-----------------|
| 108 | Ms. Aakashna | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Aakashna**
- Enrollment No. : **14916690024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USMS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8587007803 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Aakansha

Enrollment No. : 14916690024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

109

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.) |
|------------|--------------------|---|---|--------------------------------|-----------------|
| 109 | Ms. Kirti | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Kirti**
- Enrollment No. : **00519090024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USAR**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8130326494 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Kirti**
Enrollment No. : **00519090024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
110

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.) |
|------------|----------------------------|---|---|--------------------------------|-----------------|
| 110 | Mr. Himanshu Mishra | | | Rs. 25000/- | |

- Name of the Fellow : **Mr. Himanshu Mishra**
- Enrollment No. : **00518290024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USDI**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8707237632 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Mr. Himanshu Mishra**

Enrollment No. : **00518290024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

111

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.) |
|------------|---------------------------|---|---|--------------------------------|-----------------|
| 111 | Ms. Parvinder Kaur | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Parvinder Kaur**
- Enrollment No. : **00517390024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USAP**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9818305922 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

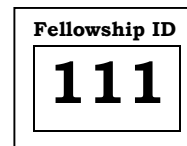
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|---------------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



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 | |

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

112

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.) |
|------------|--------------------|---|---|--------------------------------|-----------------|
| 112 | Ms. Anupama | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Anupama**
- Enrollment No. : **00120490024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USLA**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9810093401 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Anupama**

Enrollment No. : **00120490024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

113

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.) |
|------------|-------------------------|---|---|--------------------------------|-----------------|
| 113 | Ms. Jyoti Kumari | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Jyoti Kumari**
- Enrollment No. : **10340890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8005626918 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Jyoti Kumari

Enrollment No. : 10340890024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID
114

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.) |
|------------|----------------------|---|---|--------------------------------|-----------------|
| 114 | Ms. Madhubala | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Madhubala**
- Enrollment No. : **10540890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7206696857 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Madhubala

Enrollment No. : 10540890024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

115

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.) |
|------------|--------------------------|---|---|--------------------------------|-----------------|
| 115 | Ms. Sakshi Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Sakshi Sharma**
- Enrollment No. : **10640890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8219439974 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Sakshi Sharma

Enrollment No. : 10640890024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

116

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.) |
|------------|--------------------|---|---|--------------------------------|-----------------|
| 116 | Ms. Himani | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Himani**
- Enrollment No. : **10740890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 7665996418 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Himani**
Enrollment No. : **10740890024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

117

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.) |
|------------|-------------------------|---|---|--------------------------------|-----------------|
| 117 | Ms. Debolina Roy | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Debolina Roy**
- Enrollment No. : **10840890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9891245866 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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.

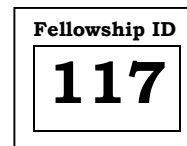
| Month | Jan. | Feb. | March | April | May | June | July | Aug. | Sep. | Oct. | Nov. | Dec. | Total Leave | Total Leave Availed | Balance Leave |
|--------------|------|------|-------|-------|-----|------|------|------|------|------|------|------|-------------|---------------------|---------------|
| 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Debolina Roy**

Enrollment No. : **10840890024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

118

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.) |
|------------|--------------------|---|---|--------------------------------|-----------------|
| 118 | Ms. Shruti | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Shruti**
- Enrollment No. : **10940890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 8708498945 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Shruti**
Enrollment No. : **10940890024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

119

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.) |
|------------|--------------------|---|---|--------------------------------|-----------------|
| 119 | Ms. Anita | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Anita**
- Enrollment No. : **11040890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9868595282 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : **Ms. Anita**
Enrollment No. : **11040890024**

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

120

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.) |
|------------|--------------------------|---|---|--------------------------------|-----------------|
| 120 | Ms. Arpita Sharma | | | Rs. 25000/- | |

- Name of the Fellow : **Ms. Arpita Sharma**
- Enrollment No. : **11140890024**
- Month/Period of fellowship Claimed : _____ 20____ from : _____ to _____
- Amount (in Rs.) : _____ (in words): _____
- Name of the School : **USBAS**
- Residential Address : _____
: _____
: _____
- Mobile No. & Email ID : 9306508979 Email: _____
- Award Letter No. & date(**Copy Attached**) : _____
- Name of the Supervisor (s) : _____
- Bank Account No. : _____ IFSC Code : _____
: Name of the Bank: _____

Address of the Bank _____

I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
- ❖ I am not availing any other fellowship, financial assistance, grants, etc from any other Govt./Public Institutions, or from the CSR Funds of the Corporate Bodies or any other industry or from the University.
- ❖ I am not employed anywhere.

If as a result of 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).

Signature of DRC with Stamp



Name of the Fellow : Ms. Arpita Sharma

Enrollment No. : 11140890024

Fellowship started Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

Year 20_____

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

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

Signature of the Research Fellow