



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**1**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>1</b>	<b>DINESH RAWAT</b>			

- Name of the Fellow : **DINESH RAWAT**
- Enrollment No. : **90030020114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **DINESH RAWAT**  
Enrollment No. : **90030020114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



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

Fellowship ID

2

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>2</b>	<b>SWADHA AGARWAL</b>			

- Name of the Fellow : **SWADHA AGARWAL**
- Enrollment No. : **90044020114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **SWADHA AGARWAL**  
Enrollment No. : **90044020114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



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

Fellowship ID

**3**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>3</b>	<b>VRINDA GOEL</b>			

- Name of the Fellow : **VRINDA GOEL**
- Enrollment No. : **90047030114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **VRINDA GOEL**  
Enrollment No. : **90047030114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



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Fellowship ID

4

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>4</b>	<b>SHWETA GUPTA</b>			

- Name of the Fellow : **SHWETA GUPTA**
- Enrollment No. : **90046030114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SHWETA GUPTA  
Enrollment No. : 90046030114

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



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

Fellowship ID

5

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>5</b>	<b>MANJU</b>			

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

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **MANJU**  
Enrollment No. : **90085090114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

6

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>6</b>	<b>SATISH PRASAD</b>			

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

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

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

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

Signature of the Research Fellow

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

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

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **SATISH PRASAD**  
Enrollment No. : **90080050114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**7**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>7</b>	<b>CHARU TYAGI</b>			

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

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **CHARU TYAGI**  
Enrollment No. : **90072050114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

8

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>8</b>	<b>ADITI SRIVASTAV</b>			

- Name of the Fellow : **ADITI SRIVASTAV**
- Enrollment No. : **90049040114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

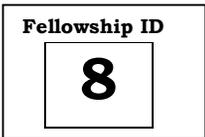
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **ADITI SRIVASTAV**  
Enrollment No. : **90049040114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

9

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>9</b>	<b>BARNASHREE KHASNOBIS</b>			

- Name of the Fellow : **BARNASHREE KHASNOBIS**
- Enrollment No. : **90061100114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **BARNASHREE KHASNOBIS**  
Enrollment No. : **90061100114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**10**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>10</b>	<b>SAUREESH DAS</b>			

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

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

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

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

Signature of the Research Fellow

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

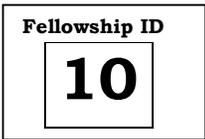
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : SAUREESH DAS  
Enrollment No. : 90088090214

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**11**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>11</b>	<b>BARNALI SAHA</b>			

- Name of the Fellow : **BARNALI SAHA**
- Enrollment No. : **90060100114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **BARNALI SAHA**  
Enrollment No. : **90060100114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**12**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>12</b>	<b>SHUBHRA GOYAL</b>			

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

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **SHUBHRA GOYAL**  
Enrollment No. : **90024010114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**13**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>13</b>	<b>VIDHI TYAGI</b>			

- Name of the Fellow : **VIDHI TYAGI**
- Enrollment No. : **90056040114**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **VIDHI TYAGI**  
Enrollment No. : **90056040114**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**14**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>14</b>	<b>SUDESH YADAV</b>			

- Name of the Fellow : **SUDESH YADAV**
- Enrollment No. : **90022011215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SUDESH YADAV  
Enrollment No. : 90022011215

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**15**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>15</b>	<b>MRINALINI SRIVASTAVA</b>			

- Name of the Fellow : **MRINALINI SRIVASTAVA**
- Enrollment No. : **90038021215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **MRINALINI SRIVASTAVA**  
Enrollment No. : **90038021215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**16**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>16</b>	<b>DIMPLE PRUTHI</b>			

- Name of the Fellow : **DIMPLE PRUTHI**
- Enrollment No. : **90079092215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **DIMPLE PRUTHI**  
Enrollment No. : **90079092215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**17**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>17</b>	<b>GAZALA SHARIF</b>			

- Name of the Fellow : **GAZALA SHARIF**
- Enrollment No. : **90113111215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **GAZALA SHARIF**  
Enrollment No. : **90113111215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**18**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>18</b>	<b>SHILPIKA PANDEY</b>			

- Name of the Fellow : **SHILPIKA PANDEY**
- Enrollment No. : **90118111215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

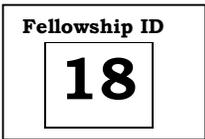
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **SHILPIKA PANDEY**  
Enrollment No. : **90118111215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**20**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>20</b>	<b>PRERNA SHARMA</b>			

- Name of the Fellow : **PRERNA SHARMA**
- Enrollment No. : **90063051215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

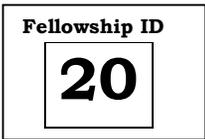
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **PRERNA SHARMA**  
Enrollment No. : **90063051215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**21**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>21</b>	<b>MADHURI YADAV</b>			

- Name of the Fellow : **MADHURI YADAV**
- Enrollment No. : **90010011215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **MADHURI YADAV**  
Enrollment No. : **90010011215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**22**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>22</b>	<b>SHIVANGI</b>			

- Name of the Fellow : **SHIVANGI**
- Enrollment No. : **90054031215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SHIVANGI  
Enrollment No. : 90054031215

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**23**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>23</b>	<b>RITU VERMA</b>			

- Name of the Fellow : **RITU VERMA**
- Enrollment No. : **90052031215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **RITU VERMA**  
Enrollment No. : **90052031215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**24**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>24</b>	<b>BANDITA MOHAPATRA</b>			

- Name of the Fellow : **BANDITA MOHAPATRA**
- Enrollment No. : **90055041215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **BANDITA MOHAPATRA**  
Enrollment No. : **90055041215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**25**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>25</b>	<b>SHRUTI SHARMA</b>			

- Name of the Fellow : **SHRUTI SHARMA**
- Enrollment No. : **90099101215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **SHRUTI SHARMA**  
Enrollment No. : **90099101215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**26**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>26</b>	<b>SHWETA TIWARI</b>			

- Name of the Fellow : **SHWETA TIWARI**
- Enrollment No. : **90100101215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SHWETA TIWARI  
Enrollment No. : 90100101215

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**27**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>27</b>	<b>RASHI GUPTA</b>			

- Name of the Fellow : **RASHI GUPTA**
- Enrollment No. : **90087093215**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **RASHI GUPTA**  
Enrollment No. : **90087093215**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**28**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>28</b>	<b>GARIMA RAI</b>			

- Name of the Fellow : **GARIMA RAI**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **GARIMA RAI**

Enrollment No. : **0**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**29**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>29</b>	<b>ANANT VIJAY MARIA</b>			

- Name of the Fellow : **ANANT VIJAY MARIA**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : ANANT VIJAY MARIA

Enrollment No. : 0

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**30**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>30</b>	<b>KRITI SINGH</b>			

- Name of the Fellow : **KRITI SINGH**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

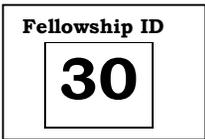
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **KRITI SINGH**

Enrollment No. : **0**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**31**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>31</b>	<b>ANCHAL GARG</b>			

- Name of the Fellow : **ANCHAL GARG**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**

Name of the Fellow : ANCHAL GARG

Enrollment No. : 0

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**32**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>32</b>	<b>SAKSHI NANGIA</b>			

- Name of the Fellow : **SAKSHI NANGIA**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SAKSHI NANGIA  
Enrollment No. : 0

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**33**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>33</b>	<b>SAHIL DALAL</b>			

- Name of the Fellow : **SAHIL DALAL**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SAHIL DALAL  
Enrollment No. : 0

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**34**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>34</b>	<b>NEHA JAIN</b>			

- Name of the Fellow : **NEHA JAIN**
- Enrollment No. : **03216493316**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : NEHA JAIN  
Enrollment No. : 03216493316

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**35**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>35</b>	<b>MANIK BATRA</b>			

- Name of the Fellow : **MANIK BATRA**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **MANIK BATRA**  
Enrollment No. : **0**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**36**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>36</b>	<b>SHWETA KUNDLIA</b>			

- Name of the Fellow : **SHWETA KUNDLIA**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

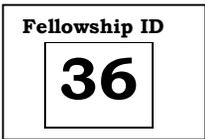
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SHWETA KUNDLIA

Enrollment No. : 0

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**37**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>37</b>	<b>KHUSHBOO CHOUDHURY</b>			

- Name of the Fellow : **KHUSHBOO CHOUDHURY**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **KHUSHBOO CHOUDHURY**  
Enrollment No. : **0**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**38**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>38</b>	<b>DIVYANI REDHU</b>			

- Name of the Fellow : **DIVYANI REDHU**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

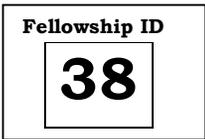
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **DIVYANI REDHU**  
Enrollment No. : **0**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**39**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>39</b>	<b>DIVYA BARANWAL</b>			

- Name of the Fellow : **DIVYA BARANWAL**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USE**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **DIVYA BARANWAL**

Enrollment No. : **0**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**40**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>40</b>	<b>BHAWNA SINGH</b>			

- Name of the Fellow : **BHAWNA SINGH**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

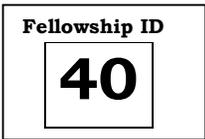
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **BHAWNA SINGH**  
Enrollment No. : **0**

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**41**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>41</b>	<b>SHWETA TEWARI</b>			

- Name of the Fellow : **SHWETA TEWARI**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USE**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SHWETA TEWARI

Enrollment No. : 0

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**42**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>42</b>	<b>SAWETAJI</b>			

- Name of the Fellow : **SAWETAJI**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : SAWETAJI

Enrollment No. : 0

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

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

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

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

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

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

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

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

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

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

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

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**43**

## IPRF

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

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>43</b>	<b>UPLABDHI TYAGI</b>			

- Name of the Fellow : **UPLABDHI TYAGI**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : UPLABDHI TYAGI

Enrollment No. : 0

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

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

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

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

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

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

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

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

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

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**44**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>44</b>	<b>ANJALI PANWAR</b>			

- Name of the Fellow : **ANJALI PANWAR**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

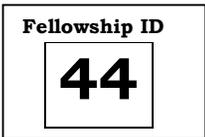
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : ANJALI PANWAR  
Enrollment No. : 0

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**45**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>45</b>	<b>RITESH KUMAR</b>			

- Name of the Fellow : **RITESH KUMAR**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

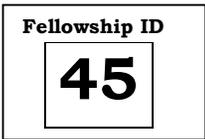
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **RITESH KUMAR**  
Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**46**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>46</b>	<b>Parul Ahuja</b>			

- Name of the Fellow : **Parul Ahuja**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

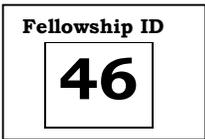
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Parul Ahuja**  
Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**47**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>47</b>	<b>Mansi Jain</b>			

- Name of the Fellow : **Mansi Jain**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mansi Jain**

Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**48**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>48</b>	<b>Priyanka Sachdeva</b>			

- Name of the Fellow : **Priyanka Sachdeva**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

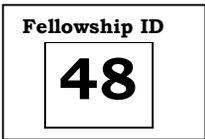
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Priyanka Sachdeva

Enrollment No. : 0

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**49**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>49</b>	<b>Kavita</b>			

- Name of the Fellow : **Kavita**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Kavita**

Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**50**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>50</b>	<b>Shivani Singh</b>			

- Name of the Fellow : **Shivani Singh**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Shivani Singh**

Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**51**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>51</b>	<b>Shivani Jain</b>			

- Name of the Fellow : **Shivani Jain**
- Enrollment No. : **11616492317**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Shivani Jain**  
Enrollment No. : **11616492317**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**52**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>52</b>	<b>Ruchikaa Nayyar</b>			

- Name of the Fellow : **Ruchikaa Nayyar**
- Enrollment No. : **11716492317**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ruchikaa Nayyar**

Enrollment No. : **11716492317**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**53**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>53</b>	<b>Jaishree Kapur</b>			

- Name of the Fellow : **Jaishree Kapur**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Jaishree Kapur**

Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**54**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>54</b>	<b>Kanika Puri</b>			

- Name of the Fellow : **Kanika Puri**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Kanika Puri**  
Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**55**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>55</b>	<b>Anuja</b>			

- Name of the Fellow : **Anuja**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Anuja**

Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**56**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>56</b>	<b>Deepesh Goyal</b>			

- Name of the Fellow : **Deepesh Goyal**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Deepesh Goyal**

Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**57**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>57</b>	<b>Nikita Wadhwa</b>			

- Name of the Fellow : **Nikita Wadhwa**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Nikita Wadhwa**  
Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**58**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>58</b>	<b>Darshika Singh</b>			

- Name of the Fellow : **Darshika Singh**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

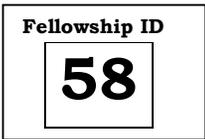
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Darshika Singh**

Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**59**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>59</b>	<b>Abhishek Tiwari</b>			

- Name of the Fellow : **Abhishek Tiwari**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Abhishek Tiwari**  
Enrollment No. : **0**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**60**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>60</b>	<b>Ashmita Singh</b>			

- Name of the Fellow : **Ashmita Singh**
- Enrollment No. : **0**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : \_\_\_\_\_ Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

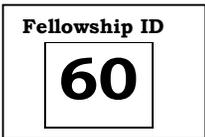
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ashmita Singh

Enrollment No. : 0

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**61**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>61</b>	<b>Ms. Anshul Bhatia</b>			

11. Name of the Fellow : **Ms. Anshul Bhatia**
12. Enrollment No. : **12716490018**
13. Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
14. Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
15. Name of the School : **USICT**
16. Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
17. Mobile No. & Email ID : 9694425750 Email: \_\_\_\_\_
18. Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
19. Name of the Supervisor (s) : \_\_\_\_\_
20. Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Anshul Bhatia**  
Enrollment No. : **12716490018**

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**





**IPRF**

**PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF**

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>62</b>	<b>Ms. Shikha Gupta</b>			

1. Name of the Fellow : **Ms. Shikha Gupta**
2. Enrollment No. : **14016490018**
3. Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
4. Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
5. Name of the School : **USICT**
6. Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
7. Mobile No. & Email ID : 8587848487 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 residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Ms. Shikha Gupta**  
 Enrollment No. : **14016490018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**62**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>62</b>	<b>Ms. Kirti</b>			

- Name of the Fellow : **Ms. Kirti**
- Enrollment No. : **13016490018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USICT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9654802491 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Kirti**  
Enrollment No. : **13016490018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**63**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>63</b>	<b>Mr. Namit Vikram Singh</b>			

1. Name of the Fellow : **Mr. Namit Vikram Singh**
2. Enrollment No. : **01120390018**
3. Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
4. Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
5. Name of the School : **USMC**
6. Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
7. Mobile No. & Email ID : 9650052919 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 residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Namit Vikram Singh**  
Enrollment No. : **01120390018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**64**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>64</b>	<b>Ms. Ritika Chopra</b>			

- Name of the Fellow : **Ms. Ritika Chopra**
- Enrollment No. : **03916690018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8588069698 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Ritika Chopra  
Enrollment No. : 03916690018

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**65**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>65</b>	<b>Mr. Prakash Biswakarma</b>			

- Name of the Fellow : **Mr. Prakash Biswakarma**
- Enrollment No. : **02216390018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9957049476 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Prakash Biswakarma**  
Enrollment No. : **02216390018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**66**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>66</b>	<b>Ms. Ishita Mathur</b>			

- Name of the Fellow : **Ms. Ishita Mathur**
- Enrollment No. : **02116390018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9873385410 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Ishita Mathur  
Enrollment No. : 02116390018

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**67**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>67</b>	<b>Ms. Pooja Sehrawat</b>			

- Name of the Fellow : **Ms. Pooja Sehrawat**
- Enrollment No. : **01921690018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9899204956 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Pooja Sehrawat**  
Enrollment No. : **01921690018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**68**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>68</b>	<b>Ms. Rashmi Sirohi</b>			

- Name of the Fellow : **Ms. Rashmi Sirohi**
- Enrollment No. : **02021690018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9643942706 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Rashmi Sirohi  
Enrollment No. : 02021690018

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**69**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>69</b>	<b>Ms. Mansi Tyagi</b>			

- Name of the Fellow : **Ms. Mansi Tyagi**
- Enrollment No. : **03040890018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8860363034 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Mansi Tyagi  
Enrollment No. : 03040890018

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**70**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>70</b>	<b>Mr. Mukesh Kumar Bairwa</b>			

- Name of the Fellow : **Mr. Mukesh Kumar Bairwa**
- Enrollment No. : **02940890018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9871704110 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

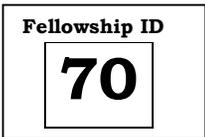
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Mukesh Kumar Bairwa**  
Enrollment No. : **02940890018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**71**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>71</b>	<b>Ms. Aditi Singh</b>			

- Name of the Fellow : **Ms. Aditi Singh**
- Enrollment No. : **03216590018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9910240936 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Aditi Singh**  
Enrollment No. : **03216590018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**72**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>72</b>	<b>Ms. Anjali</b>			

- Name of the Fellow : **Ms. Anjali**
- Enrollment No. : **03316590018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8527939438 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Anjali  
Enrollment No. : 03316590018

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**73**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>73</b>	<b>Mr. Shanky Jindal</b>			

- Name of the Fellow : **Mr. Shanky Jindal**
- Enrollment No. : **02416090018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9643992697 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Shanky Jindal**

Enrollment No. : **02416090018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**74**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>74</b>	<b>Ms. Simerpreet</b>			

- Name of the Fellow : **Ms. Simerpreet**
- Enrollment No. : **02516090018**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8950041031 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Simerpreet**  
Enrollment No. : **02516090018**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**75**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>75</b>	<b>Ms. Jasdeep Kaur Chandi</b>			

- Name of the Fellow : **Ms. Jasdeep Kaur Chandi**
- Enrollment No. : **01220390019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9643647105 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Kulveen Trehan
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Jasdeep Kaur Chandi  
Enrollment No. : 01220390019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**76**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>76</b>	<b>Ms. Ritu Yadav</b>			

- Name of the Fellow : **Ms. Ritu Yadav**
- Enrollment No. : **01320390019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8368011350 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Durgesh Tripathi
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Ritu Yadav  
Enrollment No. : 01320390019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**77**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>77</b>	<b>Ms. Ghazala Abidin</b>			

- Name of the Fellow : **Ms. Ghazala Abidin**
- Enrollment No. : **04516590019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9811434403 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. Kanwal DP Singh
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Ghazala Abidin  
Enrollment No. : 04516590019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**78**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>78</b>	<b>Ms. Mannat Singh</b>			

- Name of the Fellow : **Ms. Mannat Singh**
- Enrollment No. : **04616590019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9560014577 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Anuj Vaksha
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Mannat Singh**  
Enrollment No. : **04616590019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**79**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>79</b>	<b>Ms. Chetna Nassa</b>			

- Name of the Fellow : **Ms. Chetna Nassa**
- Enrollment No. : **03021690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9818500194 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. Ashutosh Mohan
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Chetna Nassa  
Enrollment No. : 03021690019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**80**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>80</b>	<b>Ms. Kusum Deswal</b>			

- Name of the Fellow : **Ms. Kusum Deswal**
- Enrollment No. : **03121690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9910682881 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Naresh Kumar Vats
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

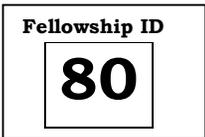
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Kusum Deswal**  
Enrollment No. : **03121690019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**81**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>81</b>	<b>Mr. Siddharth Anand</b>			

- Name of the Fellow : **Mr. Siddharth Anand**
- Enrollment No. : **00816190019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9818395315 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Neeru Anand & Dr. Vinita Khandegar
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Siddharth Anand**  
Enrollment No. : **00816190019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**82**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>82</b>	<b>Ms. Swati Yadav</b>			

- Name of the Fellow : **Ms. Swati Yadav**
- Enrollment No. : **00916190019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : **8077918813** Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : **Dr. Rakesh Angira**
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Swati Yadav**  
Enrollment No. : **00916190019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**83**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>83</b>	<b>Ms. Rajani Upadhyay</b>			

- Name of the Fellow : **Ms. Rajani Upadhyay**
- Enrollment No. : **01769990719**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USE**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8447038044 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. Saroj Sharma
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Rajani Upadhyay**  
Enrollment No. : **01769990719**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**84**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>84</b>	<b>Ms. Divya</b>			

- Name of the Fellow : **Ms. Divya**
- Enrollment No. : **02616390019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9870723343 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. Rita Singh
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Divya  
Enrollment No. : 02616390019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**85**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>85</b>	<b>Ms. Sushma</b>			

- Name of the Fellow : **Ms. Sushma**
- Enrollment No. : **02716390019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8076958331 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Neetu Rani
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

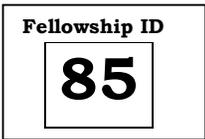
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													30		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Sushma  
Enrollment No. : 02716390019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**86**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>86</b>	<b>Ms. Bhawana</b>			

- Name of the Fellow : **Ms. Bhawana**
- Enrollment No. : **03316090019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9958717637 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. Meenu Kapoor
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Bhawana  
Enrollment No. : 03316090019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**87**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>87</b>	<b>Ms. Sheeba Hoda</b>			

- Name of the Fellow : **Ms. Sheeba Hoda**
- Enrollment No. : **03416090019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9818317325 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. K.K. Aggarwal
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Sheeba Hoda**  
Enrollment No. : **03416090019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**88**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>88</b>	<b>Ms. Pritty</b>			

- Name of the Fellow : **Ms. Pritty**
- Enrollment No. : **14516490019**
- 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 : 8860170417 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Mansi Jhamb
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

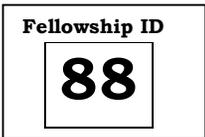
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Pritty  
Enrollment No. : 14516490019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**89**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>89</b>	<b>Ms. Ankita Sharma</b>			

- Name of the Fellow : **Ms. Ankita Sharma**
- Enrollment No. : **15116490019**
- 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 : 9953812711 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. Udayan Ghose
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

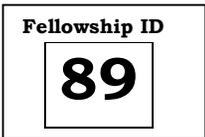
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Ankita Sharma**  
Enrollment No. : **15116490019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**90**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>90</b>	<b>Ms. Shilpa Kashyap</b>			

- Name of the Fellow : **Ms. Shilpa Kashyap**
- Enrollment No. : **03740890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9914563736 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Kriti Batra
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

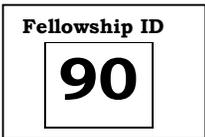
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Shilpa Kashyap  
Enrollment No. : 03740890019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**91**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>91</b>	<b>Ms. Sweksha Srivastava</b>			

- Name of the Fellow : **Ms. Sweksha Srivastava**
- Enrollment No. : **04140890019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9958154871 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Abha Aggarwal
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Sweksha Srivastava  
Enrollment No. : 04140890019

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**92**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>92</b>	<b>Ms. Meenakshi Bisla</b>			

- Name of the Fellow : **Ms. Meenakshi Bisla**
- Enrollment No. : **05016690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9711300370 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Dr. Deepti Prakash
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Meenakshi Bisla**  
Enrollment No. : **05016690019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**93**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>93</b>	<b>Ms. Ronika Bhalla</b>			

- Name of the Fellow : **Ms. Ronika Bhalla**
- Enrollment No. : **05116690019**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8800850753 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : Prof. Meenakshi Handa
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Ronika Bhalla**  
Enrollment No. : **05116690019**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**94**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>94</b>	<b>Ms. Manisha</b>			

11. Name of the Fellow : **Ms. Manisha**
12. Enrollment No. : **01520390020**
13. Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
14. Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
15. Name of the School : **USMC**
16. Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
17. Mobile No. & Email ID : Email: \_\_\_\_\_
18. Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
19. Name of the Supervisor (s) : \_\_\_\_\_
20. Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Manisha  
Enrollment No. : 01520390020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**95**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>95</b>	<b>Ms. Poorvi Gaur</b>			

- Name of the Fellow : **Ms. Poorvi Gaur**
- Enrollment No. : **01620390020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Poorvi Gaur  
Enrollment No. : 01620390020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**96**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>96</b>	<b>Ms. Mehak Rai Sethi</b>			

- Name of the Fellow : **Ms. Mehak Rai Sethi**
- Enrollment No. : **06016590020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9811670619 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Mehak Rai Sethi  
Enrollment No. : 06016590020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**97**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>97</b>	<b>Mr. Anmol Kaur Nayar</b>			

- Name of the Fellow : **Mr. Anmol Kaur Nayar**
- Enrollment No. : **06516590020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9873263768 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Anmol Kaur Nayar**

Enrollment No. : **06516590020**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**98**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>98</b>	<b>Mr. Ishaan Teotia</b>			

- Name of the Fellow : **Mr. Ishaan Teotia**
- Enrollment No. : **04121690020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8555911321 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

**Dated :** \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Ishaan Teotia**  
Enrollment No. : **04121690020**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**99**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>99</b>	<b>Ms. Pritika Kainth</b>			

- Name of the Fellow : **Ms. Pritika Kainth**
- Enrollment No. : **04221690020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9953181790 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Pritika Kainth  
Enrollment No. : 04221690020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**101**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>101</b>	<b>Ms. Nisha Saini</b>			

- Name of the Fellow : **Ms. Nisha Saini**
- Enrollment No. : **02169990720**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USE**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8586025548 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Nisha Saini  
Enrollment No. : 02169990720

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**102**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>102</b>	<b>Ms. Nishita Narwal</b>			

- Name of the Fellow : **Ms. Nishita Narwal**
- Enrollment No. : **03316390020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8222062559 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Nishita Narwal  
Enrollment No. : 03316390020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**103**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>103</b>	<b>Ms. Gunisha Wadhawan</b>			

- Name of the Fellow : **Ms. Gunisha Wadhawan**
- Enrollment No. : **03516390020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USEM**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9711654969 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_  
(Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Gunisha Wadhawan  
Enrollment No. : 03516390020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**104**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>104</b>	<b>Ms. Mohima Chakrabarty</b>			

- Name of the Fellow : **Ms. Mohima Chakrabarty**
- Enrollment No. : **04216090020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9882798876 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Mohima Chakrabarty  
Enrollment No. : 04216090020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**105**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>105</b>	<b>Mr. Sriram Narayanan</b>			

- Name of the Fellow : **Mr. Sriram Narayanan**
- Enrollment No. : **04316090020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9891779237 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Mr. Sriram Narayanan**  
Enrollment No. : **04316090020**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**106**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>106</b>	<b>Ms. Kavita Sethia</b>			

- Name of the Fellow : **Ms. Kavita Sethia**
- Enrollment No. : **17316490020**
- 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 : 9899314991 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Kavita Sethia**  
Enrollment No. : **17316490020**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**107**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>107</b>	<b>Ms. Pooja Tyagi</b>			

- Name of the Fellow : **Ms. Pooja Tyagi**
- Enrollment No. : **17416490020**
- 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 : 8700510007 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : Ms. Pooja Tyagi  
Enrollment No. : 17416490020

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**108**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>108</b>	<b>Ms. Ruchi Goyal</b>			

- Name of the Fellow : **Ms. Ruchi Goyal**
- Enrollment No. : **05340890020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9910927721 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Ms. Ruchi Goyal**  
Enrollment No. : **05340890020**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**109**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>109</b>	<b>Mr. Ashutosh Anand</b>			

- Name of the Fellow : **Mr. Ashutosh Anand**
- Enrollment No. : **04940890020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9250248165 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**

Name of the Fellow : **Mr. Ashutosh Anand**  
Enrollment No. : **04940890020**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**110**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>110</b>	<b>Ms. Twinkle Arora</b>			

- Name of the Fellow : **Ms. Twinkle Arora**
- Enrollment No. : **05916690020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : **8525982628** Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Twinkle Arora**  
Enrollment No. : **05916690020**

Fellowship started Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

Year 20\_\_\_\_\_

Jan		Feb		Mar		April		May		June	
July		Aug		Sep		Oct.		Nov.		Dec	

**Note : If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.**

**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sector -16 C, Dwarka, New Delhi-110078, [drc@ipu.ac.in](mailto:drc@ipu.ac.in)

Fellowship ID

**111**

## IPRF

### PROFORMA FOR SUBMITTING THE CLAIM FOR THE RELEASE OF FELLOWSHIP : IPRF

S.No.	Name of the Fellow	Month/Period of fellowship Claimed (From Month)	Month/Period of fellowship Claimed (To Month)	Amount (in Rs.)
<b>111</b>	<b>Ms. Aarushi Singh</b>			

- Name of the Fellow : **Ms. Aarushi Singh**
- Enrollment No. : **6616690020**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8506074446 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

Address of the Bank \_\_\_\_\_

- ❖ I hereby declare that I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation. If as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.
- ❖ It is also certified that I am not employed anywhere. I am a full time research scholar of the University.

Dated : \_\_\_\_\_

**Signature of the Research Fellow**

Certified that the enclosed attendance record has been verified for the period from \_\_\_\_\_ to \_\_\_\_\_ and also the progress of the Scholar is satisfactory. His/her fellowship for the month of \_\_\_\_\_ amounting to Rs. \_\_\_\_\_ (Rs: \_\_\_\_\_ only) may be released.

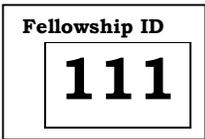
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

Recommended and forwarded to release the fellowship amount of Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_ only).

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Aarushi Singh**  
Enrollment No. : **6616690020**

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**