



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**112**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>112</b>	<b>Ms. Jaya Singh Parihar</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Jaya Singh Parihar**
  - Enrollment No. : **00726390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **CDMS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9868069869 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

Signature of the Research Fellow

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

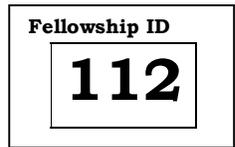
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Jaya Singh Parihar**

Enrollment No. : **00726390021**

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

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

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

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

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

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

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

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

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

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

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**Signature of the Research Fellow**



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

Fellowship ID

**113**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>113</b>	<b>Ms. Usha Rawat</b>			<b>Rs38440/-</b>	

- Name of the Fellow : **Ms. Usha Rawat**
  - Enrollment No. : **19416490021**
  - 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 : 9821071976 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

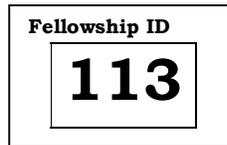
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Usha Rawat

Enrollment No. : 19416490021

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

**114**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>114</b>	<b>Ms. Himadri Singh</b>			<b>Rs.31000/-</b>	

- Name of the Fellow : **Ms. Himadri Singh**
  - Enrollment No. : **19616490021**
  - 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 : 8800326883 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

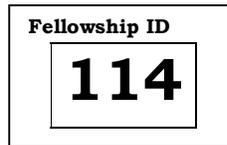
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Himadri Singh

Enrollment No. : 19616490021

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

**115**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>115</b>	<b>Ms. Sakshi Gupta</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Sakshi Gupta**
  - Enrollment No. : **00117390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USAP**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8586878225 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

**Signature of the Research Fellow**

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

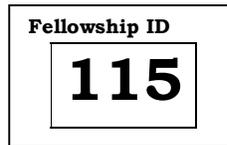
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Sakshi Gupta

Enrollment No. : 00117390021

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

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

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

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

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

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

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

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

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

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

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**Signature of the Research Fellow**



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

Fellowship ID

**116**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>116</b>	<b>Ms. Neha Mittal</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Neha Mittal**
- Enrollment No. : **00226290021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **CEPS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9310792653 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

**Signature of the Research Fellow**

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

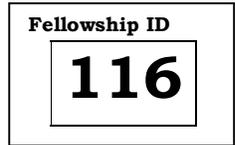
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Neha Mittal

Enrollment No. : 00226290021

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

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

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

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

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

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

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

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

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

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

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**Signature of the Research Fellow**



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

Fellowship ID

**117**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>117</b>	<b>Ms. Nissy Jose</b>			<b>Rs. 38440/-</b>	

- Name of the Fellow : **Ms. Nissy Jose**
- Enrollment No. : **05221690021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9971920958 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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Dated : \_\_\_\_\_

Signature of the Research Fellow

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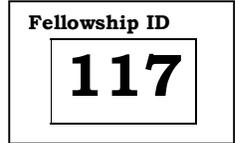
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

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. Nissy Jose

Enrollment No. : 05221690021

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	

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

Jan		Feb		Mar		April		May		June	
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Year 20\_\_\_\_\_

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

**Note : If, as a result of check or audit objection, some 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

**118**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>118</b>	<b>Mr. Sanghpriya Gautam</b>			<b>Rs. 38440/-</b>	

- Name of the Fellow : **Mr. Sanghpriya Gautam**
- Enrollment No. : **05321690021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USHSS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7011787445 Email: \_\_\_\_\_
- Award Letter No. & date(Copy Attached) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

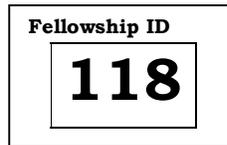
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Sanghriya Gautam**

Enrollment No. : **05321690021**

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

**119**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>119</b>	<b>Ms. Yashika Kanojia</b>			<b>Rs.31000/-</b>	

- Name of the Fellow : **Ms. Yashika Kanojia**
  - Enrollment No. : **05316090021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBT**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7838121410 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

Signature of the Research Fellow

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

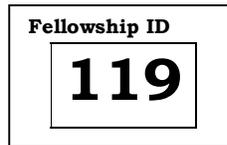
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Yashika Kanojia

Enrollment No. : 05316090021

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

**120**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>120</b>	<b>Ms. Deepanshi Vijn</b>			<b>Rs.31000/-</b>	

- Name of the Fellow : **Ms. Deepanshi Vijn**
  - Enrollment No. : **05216090021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBT**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9711366410 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

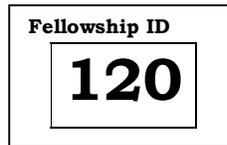
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Deepanshi Vijn

Enrollment No. : 05216090021

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

**121**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>121</b>	<b>Ms. Venus Sharma</b>			<b>Rs. 31000/-</b>	

- Name of the Fellow : **Ms. Venus Sharma**
- Enrollment No. : **06740890021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 6396231605 Email: \_\_\_\_\_
- Award Letter No. & date(Copy Attached) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

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

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

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

**Signature of the Research Fellow**

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

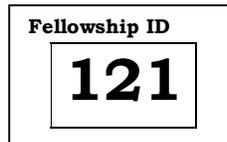
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Venus Sharma

Enrollment No. : 06740890021

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

**122**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>122</b>	<b>Ms. Mansi Vats</b>			<b>Rs. 38440/-</b>	

- Name of the Fellow : **Ms. Mansi Vats**
  - Enrollment No. : **06940890021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9643970447 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Mansi Vats**

Enrollment No. : **06940890021**

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

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

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

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

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

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

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

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

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

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

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**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**123**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>123</b>	<b>Mr. Aman Dubey</b>			<b>Rs.31000/-</b>	

- Name of the Fellow : **Mr. Aman Dubey**
  - Enrollment No. : **01720390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMC**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9015218107 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

Signature of the Research Fellow

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

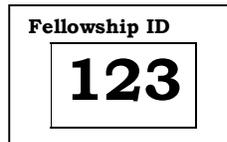
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Aman Dubey**

Enrollment No. : **01720390021**

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

**124**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>124</b>	<b>Mr. Ravi Sehrawat</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Ravi Sehrawat**
- Enrollment No. : **01920390021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : **9582914507** Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Ravi Sehrawat**

Enrollment No. : **01820390021**

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

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

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

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

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

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

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

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

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

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

**Note : If, as a result of check or audit objection, some 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

**125**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>125</b>	<b>Mr. Koshal Rajora</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Koshal Rajora**
  - Enrollment No. : **04616390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8585957518 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

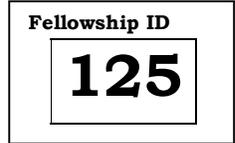
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Koshal Rajora**

Enrollment No. : **04616390021**

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

**126**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>126</b>	<b>Md. Fariduddin Rafique</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Md. Fariduddin Rafique**
  - Enrollment No. : **04916390021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9068246723 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

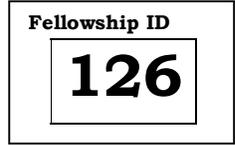
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Md. Fariduddin Rafique**

Enrollment No. : **04916390021**

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

**127**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>127</b>	<b>Mr. Sushant Sharma</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Sushant Sharma**
  - Enrollment No. : **01116190021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USCT**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8463840353 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

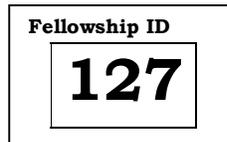
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Sushant Sharma**

Enrollment No. : **01116190021**

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

**128**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>128</b>	<b>Mr. Vishwender Pratap Singh</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Vishwender Pratap Singh**
- Enrollment No. : **01216190021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USCT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8285461725 Email: \_\_\_\_\_
- Award Letter No. & date(Copy Attached) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

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

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

**Signature of the Research Fellow**

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

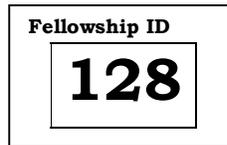
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Vishwender Pratap Singh**

Enrollment No. : **01216190021**

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

**129**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>129</b>	<b>Ms. Rachita Agrawal</b>			<b>Rs.31000/-</b>	

- Name of the Fellow : **Ms. Rachita Agrawal**
  - Enrollment No. : **08116590021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7838394003 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

- ❖ I am a full time research scholar of the USS/Centres of Excellence established under Ordinance-35 of the University.
- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for four years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

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

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

Signature of the Research Fellow

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

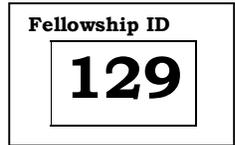
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : Ms. Rachita Agrawal

Enrollment No. : 08116590021

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

**130**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>130</b>	<b>Mr. Mohit Tanwar</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Mohit Tanwar**
- Enrollment No. : **08316590021**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USLLS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8810567910 Email: \_\_\_\_\_
- Award Letter No. & date(Copy Attached) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

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

Signature of the Research Fellow

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

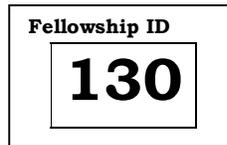
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Mohit Tanwar**  
Enrollment No. : **08316590021**

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

**131**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>131</b>	<b>Ms. Ruchi Bhalla</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Ruchi Bhalla**
  - Enrollment No. : **08016690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8860666486 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

Signature of the Research Fellow

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

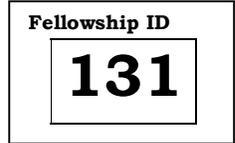
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Ms. Ruchi Bhalla**

Enrollment No. : **08016690021**

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

**132**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>132</b>	<b>Ms. Renu Chhikara</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Renu Chhikara**
  - Enrollment No. : **08916690021**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8221058086 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

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

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Renu Chhikara

Enrollment No. : 08916690021

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

**133**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>133</b>	<b>Ms. Shivangi Kumar</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Shivangi Kumar**
  - Enrollment No. : **00217390022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USAP**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7289828508 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

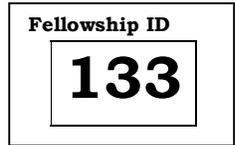
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Shivangi Kumar

Enrollment No. : 00217390022

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

**134**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>134</b>	<b>Ms. Nupur Soti</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Nupur Soti**
- Enrollment No. : **09416690022**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 9013238293 Email: \_\_\_\_\_
- Award Letter No. & date(Copy Attached) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

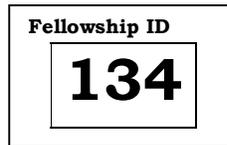
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Nupur Soti**  
Enrollment No. : **09416690022**

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

**135**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>135</b>	<b>Ms. Liza</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Liza**
  - Enrollment No. : **10416690022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9050312391 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

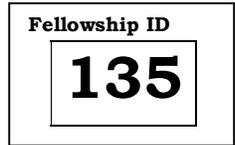
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Liza**  
Enrollment No. : **10416690022**

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

**136**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>136</b>	<b>Ms. Bhavana Bhardwaj</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Bhavana Bhardwaj**
  - Enrollment No. : **02220390022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USMC**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **9759407341** Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

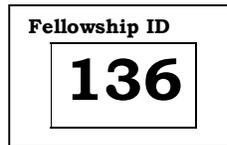
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Bhavana Bhardwaj

Enrollment No. : 02220390022

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

**137**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>137</b>	<b>Ms. Aastha Tiwari</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Aastha Tiwari**
- Enrollment No. : **02420390022**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USMC**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7388612800 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

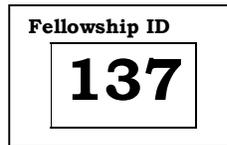
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Aastha Tiwari**  
Enrollment No. : **02420390022**

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

**138**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>138</b>	<b>Ms. Sheetal Gahlot</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Sheetal Gahlot**
  - Enrollment No. : **09416590022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **9717465522** Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

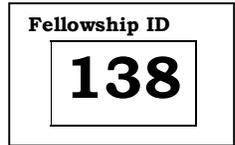
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Sheetal Gahlot

Enrollment No. : 09416590022

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

**139**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>139</b>	<b>Ms. Pragya Bhadauria</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Pragya Bhadauria**
  - Enrollment No. : **09516590022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USLLS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9123446426 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

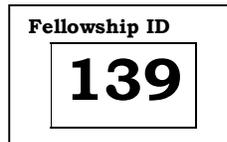
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Pragya Bhadauria

Enrollment No. : 09516590022

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

**140**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>140</b>	<b>Mr. Abhishek</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Abhishek**
  - Enrollment No. : **22616490022**
  - 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 : 8439670996 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

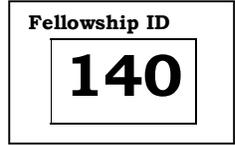
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Abhishek**  
Enrollment No. : **22616490022**

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

**141**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>141</b>	<b>Ms. Manisha Sharma</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Manisha Sharma**
  - Enrollment No. : **23016490022**
  - 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 : 9729152862 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

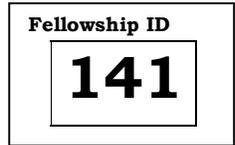
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



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

Enrollment No. : **23016490022**

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

**142**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>142</b>	<b>Ms. Shradha Singh</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Shradha Singh**
  - Enrollment No. : **06621690022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7905402353 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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- ❖ I am residing at address mentioned at Sr. No. 6 above, which is not a government accommodation.
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- ❖ I am not employed anywhere.
- ❖ I have not availed fellowship for five years after admission into the Ph.D. programme of the University, including IPRF, STRF, JRF/SRF or any other scholarship.

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

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

**Signature of the Research Fellow**

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

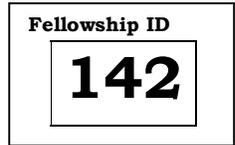
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Shradha Singh

Enrollment No. : 06621690022

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

**143**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>143</b>	<b>Ms. Payal Dahiya</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Payal Dahiya**
  - Enrollment No. : **06721690022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USHSS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **9717840077** Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

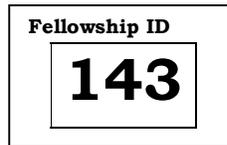
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Payal Dahiya

Enrollment No. : 06721690022

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

**144**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>144</b>	<b>Mr. Shamsher Thakur</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Shamsher Thakur**
  - Enrollment No. : **05816390022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7065578893 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

Signature of the Research Fellow

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

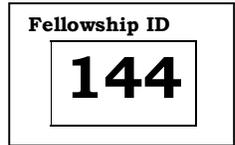
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
No. of Leave													<b>30</b>		

Signature of supervisor with stamp

Signature of the Dean with Stamp

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

Signature of DRC with Stamp



Name of the Fellow : **Mr. Shamsher Thakur**

Enrollment No. : **05816390022**

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

**145**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>145</b>	<b>Ms. Pooja Gupta</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Pooja Gupta**
  - Enrollment No. : **05916390022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USEM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8930886577 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

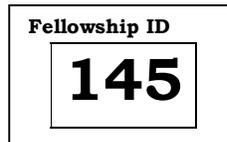
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Pooja Gupta**

Enrollment No. : **05916390022**

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

**146**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>146</b>	<b>Ms. Swati Sharma</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Swati Sharma**
  - Enrollment No. : **02769990722**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USE**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : **9873453672** Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

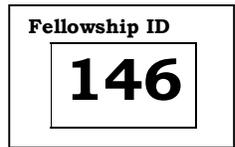
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Swati Sharma

Enrollment No. : 02769990722

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

**147**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>147</b>	<b>Ms. Stuti Shandilya</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Stuti Shandilya**
  - Enrollment No. : **02969990722**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USE**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 9205453135 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

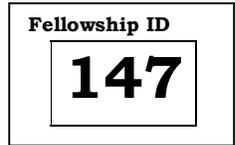
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Stuti Shandilya

Enrollment No. : 02969990722

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

**148**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>148</b>	<b>Ms. Aparna Pathak</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Aparna Pathak**
  - Enrollment No. : **05416090022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBT**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 6205128688 Email: \_\_\_\_\_
  - Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

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

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

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

**Signature of the Research Fellow**

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

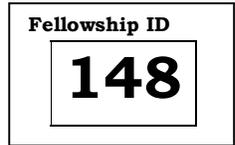
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Aparna Pathak**

Enrollment No. : **05416090022**

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

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

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

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

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

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

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

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

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

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

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**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**149**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>149</b>	<b>Ms. Suhana Mishra</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Suhana Mishra**
- Enrollment No. : **05616090022**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBT**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 8787004045 Email: \_\_\_\_\_
- Award Letter No. & date(Copy Attached) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

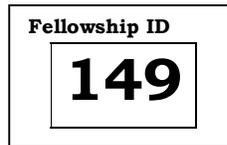
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : Ms. Suhana Mishra

Enrollment No. : 05616090022

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

**150**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>150</b>	<b>Ms. Simarjeet Kaur Bhatia</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Simarjeet Kaur Bhatia**
  - Enrollment No. : **08240890022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **USBAS**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 7838110221 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

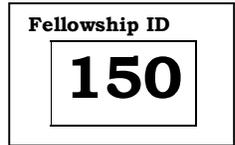
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Simarjeet Kaur Bhatia**

Enrollment No. : **08240890022**

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

**151**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>151</b>	<b>Ms. Nikita</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Ms. Nikita**
- Enrollment No. : **08840890022**
- Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
- Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
- Name of the School : **USBAS**
- Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
- Mobile No. & Email ID : 7015058083 Email: \_\_\_\_\_
- Award Letter No. & date(**Copy Attached**) : \_\_\_\_\_
- Name of the Supervisor (s) : \_\_\_\_\_
- Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_

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

#### I hereby declare that :

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

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

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

**Signature of the Research Fellow**

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

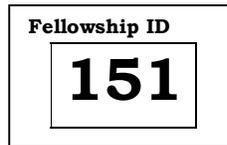
Month	Jan.	Feb.	March	April	May	June	July	Aug.	Sep.	Oct.	Nov.	Dec.	Total Leave	Total Leave Availed	Balance Leave
<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Ms. Nikita**  
Enrollment No. : **08840890022**

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

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

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

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

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

Jan		Feb		Mar		April		May		June	
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Year 20\_\_\_\_\_

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July		Aug		Sep		Oct.		Nov.		Dec	

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

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

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**Signature of the Research Fellow**



# GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

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

Fellowship ID

**152**

## 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)	Fellowship amount of one month	Amount (in Rs.)
<b>152</b>	<b>Mr. Sidharth Verma</b>			<b>Rs.38440/-</b>	

- Name of the Fellow : **Mr. Sidharth Verma**
  - Enrollment No. : **01526390022**
  - Month/Period of fellowship Claimed : \_\_\_\_\_ 20\_\_ from : \_\_\_\_\_ to \_\_\_\_\_
  - Amount (in Rs.) : \_\_\_\_\_ (in words): \_\_\_\_\_
  - Name of the School : **CEDM**
  - Residential Address : \_\_\_\_\_  
: \_\_\_\_\_  
: \_\_\_\_\_
  - Mobile No. & Email ID : 8130325649 Email: \_\_\_\_\_
  - Award Letter No. & date(Copy Attached) : \_\_\_\_\_
  - Name of the Supervisor (s) : \_\_\_\_\_
  - Bank Account No. : \_\_\_\_\_ IFSC Code : \_\_\_\_\_  
: Name of the Bank: \_\_\_\_\_
- Address of the Bank \_\_\_\_\_

#### I hereby declare that :

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

**Signature of the Research Fellow**

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

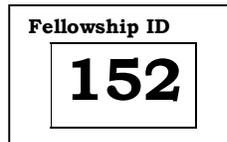
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<b>No. of Leave</b>													<b>30</b>		

**Signature of supervisor with stamp**

**Signature of the Dean with Stamp**

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

**Signature of DRC with Stamp**



Name of the Fellow : **Mr. Sidharth Verma**

Enrollment No. : **01526390022**

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

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

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

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

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

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July		Aug		Sep		Oct.		Nov.		Dec	

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

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

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

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

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**Signature of the Research Fellow**