

# University of Delhi

## (FELLOWSHIP BILL TO BE SUBMITTED BY THE SCHOLAR)

File No. \_\_\_\_\_ Department \_\_\_\_\_

Name of the Scholar \_\_\_\_\_

Scheme: ☐ CSIR / ☐ UGC-AAGS/ ☐ UGC. Fellowship: Non-Net

Date of Registration for Ph. D. ☐ / M. Phil. ☐ : \_\_\_\_\_

Date of submission for (Ph. D. ☐ / M. Phil. ☐ Thesis): \_\_\_\_\_

Date of Viva-Voce for (Ph. D. ☐ / M. Phil. ☐ Degree): \_\_\_\_\_

Bank Account No.: \_\_\_\_\_ IFSC: \_\_\_\_\_

Name and Full Address of Bank: \_\_\_\_\_

Nature of Grant	Month/Period of Fellowship	Rate	Total Amount in Rs.
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Fellowship/Stipend	_____	_____	_____
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HRA/Hostel Charges: Not Applicable

**Total Amount:** \_\_\_\_\_

**Signature of the Scholar:** \_\_\_\_\_

Certificate that the progress of the above scholar in studies/Research is good.

**Signature:** \_\_\_\_\_

**Name of the Supervisor:** \_\_\_\_\_

1. Certified that the particulars furnished above by the scholar are correct.
  2. Certified that the attendance record has been verified for the above-mentioned period.
  3. Certified that the scholar for whom HRA/Scholarship/Fellowship is claimed has not been provided any Hostel/Government.
  4. Certified that the Viva-Voce for the Ph. D. Degree has not been conducted of the above-mentioned period of fellowship claimed.
- ❖ All fields are mandatory to fill.

**Head of the Department**  
(with rubber stamp)

**(TO BE FILLED BY FINANCE BRANCH-X)**

O.C.R. Page No.: \_\_\_\_\_ Debit A/C.: \_\_\_\_\_

Checked and passed for Rs. \_\_\_\_\_

Rupees \_\_\_\_\_

**Section Officer (Finance-X)**  
**University of Delhi**

**Assistant Registrar (Finance)**  
**University of Delhi**

**Dealing Assistant**  
**(Finance-X)**