



Indira Gandhi Delhi Technical University For Women

Kashmere Gate, Delhi-110006

Ph.D FELLOWSHIP CLAIM FORM

JUNIOR RESEARCH FELLOWSHIP/SENIOR RESEARCH FELLOWSHIP FORM

1. Name of the Awardee :
2. Enrolment No. :
3. Department :
4. Name of Fellowship Scheme (JRF/SRF) :
5. Date of Joining the Current Fellowship Scheme :
6. Period of fellowship last claimed :
7. No. of Leaves during claim month..... Leaves Already Availed.....Balance of Leave....
8. Period for which fellowship is claimed :
9. Amount of Fellowship claimed :
10. HRA Claimed (If Any) :
11. Total Amount of Fellowship + HRA Claimed :

Undertaking: I hereby give an undertaking that I am not taking any fellowship/financial assistance from any other sources.

Note: Enclose the attendance sheet of the month of claim.

Signature of Student with date

Unsatisfactory/Satisfactory/Good/Very Good/ Excellent

Please tick ✓

Verified by Supervisor with Signature



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(For Students staying in Independent/Rent house)

UNDERTAKING FOR H. R. A.

I, Ms....., Enrolment No..... am staying in
IGDTUW Hostel/not staying in Hostel (Strike whichever is not applicable).

I may be paid / reimbursed Hostel Fee* of Rs./HRA of Rs..... (Strike
whichever is not applicable) for the month of

*(Please attach Hostel Fee Receipt)

Signature of JRF/SRF

Verified by Supervisor with Signature



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PROFORMA FOR RESEARCH OUTCOMES FOR JRFs/SRFs FOR THE MONTH OF _____ FOR RELEASE OF SCHOLARSHIP

1. Student details:

Name of the Student	
Enrollment No.	

2. Publications (*attach supporting documents*)

(i) Journals:

(ii) Conferences Publications

(iii) Conferences /Workshops/Seminars etc Attended:

3. Research Progress Outcomes (*attach supporting documents*)

4. Contribution (*attach supporting documents*)

(i) Teaching Load

(ii) Any other departmental Activities

Signature of Student

Unsatisfactory/Satisfactory/Good/Very Good/ Excellent

Please tick ✓

Remarks:

Verified by Supervisor and Signature

Unsatisfactory/Satisfactory/Good/Very Good/ Excellent

Please tick ✓

Remarks:

Verified by HOD with Signature