UNIVERSITY OF DELHI [FELLOWSHIP BILL TO BE SUBMITTED BY THE SCHOLAR]

Code No	DEPIT.		*
Name of the Scholar			
	C-AAGS/ Post: JRF/SRF/	RA/	
Date of Registration	for Ph.D:-		
Date of Submission	for (Ph.D Thesis):	2	
Date of Viva- voce fo	or (Ph.D Degree):-		
SBI A/C No			
Name and Full Addr	ess of Bank:		
Nature of Grant	Month/Period of Fellowship Claimed		Amount in Rs.
Fellowship/Stipend			
HRA/Hostel Charges	8		
		Total	
		Signature of	f the Fellow
Certificate that the patisfactory.	progress of the above schole	ar in studies/Re	search is
sausiaciory.	Signature		
	Name of t	he Supervisor_	W 1 5 5 7
Certified that to Certified that to mentioned per	the particulars furnished a the attendance record has fod.	bove by the sch been verified for	olar correct. the above
3. Certified that t	the scholar for whom HRA fostel/Govt. accommodation the Viva-Voce for Ph. D Do	on.	
of the above m	entioned period of fellowsh	ip claimed.	con conductod
			ne Department ubber stamp)
O.C.R. Page No.	D BE FILLED BY FINANCE Debi	t A/C	1
Checked and passed	· .		•
Rupees	Y		-
			35

Dealing Assistant