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#### JOINING REPORT

## JRF in Science, Humanities & Social Sciences

Name	of	<b>Fellow:</b>
1 Janie	V.	T CHOW.

٨	ward letter	number on	d data a		Circular	number	and d	lata:
$\boldsymbol{\mu}$	warn ieller	niimner an	a asie oi	~       -	Curcunar	niimner	200 C	iaie.

This is to certify that	
	for doing (M.Phil / Ph.D)
in the subject of	under the above scheme of the JRF in Science, Humanities
& Social Sciences students of universit	y Grants Commission with effect from(FN/AN).
He / She belongs to	
registration is	
	·
Also certified that fellow shal	ions of the offer are acceptable to Awardee.  I not accept / hold any emoluments paid or otherwise or receive emolument,
	l not accept / hold any emoluments paid or otherwise or receive emolument,
Also certified that fellow shal	l not accept / hold any emoluments paid or otherwise or receive emolument,
Also certified that fellow shal salary, stipend etc. from any other sou	l not accept / hold any emoluments paid or otherwise or receive emolument, rce during the tenure of the award.
Also certified that fellow shal salary, stipend etc. from any other sou	I not accept / hold any emoluments paid or otherwise or receive emolument, rce during the tenure of the award.  Signature
Also certified that fellow shal salary, stipend etc. from any other sou Signature Name Date Awardee	I not accept / hold any emoluments paid or otherwise or receive emolument, rce during the tenure of the award.  Signature Name Date Guide/Supervisor
Also certified that fellow shal salary, stipend etc. from any other sou Signature Name Date Awardee Ph. No.	I not accept / hold any emoluments paid or otherwise or receive emolument, rce during the tenure of the award.  Signature Name Date
Also certified that fellow shal salary, stipend etc. from any other sou Signature Name Date Awardee Ph. No. Mobile:	I not accept / hold any emoluments paid or otherwise or receive emolument, rce during the tenure of the award.  Signature Name Date Guide/Supervisor
Also certified that fellow shal salary, stipend etc. from any other sou Signature Name Date Awardee Ph. No. Mobile: Email:	I not accept / hold any emoluments paid or otherwise or receive emolument, rce during the tenure of the award.  Signature Name Date Guide/Supervisor
Also certified that fellow shal salary, stipend etc. from any other sou Signature Name Date Awardee Ph. No. Mobile:	I not accept / hold any emoluments paid or otherwise or receive emolument, rce during the tenure of the award.  Signature Name Date Guide/Supervisor

Signature Signature Name Name Date Date Peptt. Registrar

Head of Deptt. Registrar/Director/Principal (Seal) (Seal of University/Institution/College)

Bank A/C No. of University/Institution)

# TO WHOM IT MAY CONCERN

it is certified that the origin	ai certificates (	of the candidate	in respect of Mr. / Mis
		has been checked	as per detail below and the
candidate fulfill the minimum eligil	bility conditions fo	or Junior Research F	Fellowships:
Purpose	Checked or Not (Write Ye or No)	Whether Copy Enclosed or Not	Remarks if any
Whether the candidate disabled (PWD)	(11 11 11 11 11 11 11 11 11 11 11 11 11		
Whether candidate have 55% in Masters Degree for General / OBC of Non-Creamy layer.			
Whether candidate have 50% for SC/ST/PWD.			
Whether candidate more than 28 years of age as on the first day of the month of NET examination (i.e. 1st June / December) and relaxation by five years for SC/ST/PWD/OBC (non-creamy layer) and female candidates.  Relaxation in age up to 3 years to candidates who have done LLM. Total relaxation on the above ground(s) can			

(Head of the Concerned Department) University / College / Institute (Seal)

not exceed five years.

(Registrar / Principal / Director) University / College / Institute (Seal)

# Format for DBT Registration in portal of UGC

1	Scheme
2	Year of Selection
3	University / UGC Ref ID
4	Student Name
5	Department
6	Account No.
7	IFSC Code
8	DOB
9	Gender
10	Stream
11	Present Address
12	Domicile State
13	PIN
14	Fathers Name
15	Mothers Name
16	Divyang (PH)
17	Category
18	ID Proof
19	Mobile No.
20	Email ID
21	End of fellowship Date
22	Date of Joining
23	Date of Registration
24	Aadhar No.
25	SRF / JRF
26	Name of the Course
27	Hostel Boarded
28	Contingency per month

Awardee

#### **SA-III SECTION**

## **CONTINUATION CERTIFICATE**

#### MAULANA AZAD NATIONAL FELLOWSHIP FOR MINORITY STUDENTS

This is to certify that	has continuously
working in the Department	(M.Phil / Ph.D) in the
subject under the above scheme.	
Signature	Signature
Date	Date
Name of the Awardee	Guide / Supervisor
Signature	Signature
Date	Date
Head of Deptt.	Registrar/Director/Principal

#### **SA-I SECTION**

## **CONTINUATION CERTIFICATE**

# JRF in Science, Humanities & Social Sciences

Head of Deptt.	Registrar/Director/Principal
Date	Date
Signature	Signature
Name of the Awardee	Guide / Supervisor
Date	Date
Signature	Signature
subject under the above scheme.	
working in the Department	(M.Phil / Ph.D) in the
This is to certify that	has continuously

#### HRA CERTIFICATE

CERTIFICATE NO.1		
Certified that Mr./Ms		is paying
house rent of Rs	and is eligible to draw Ho	use Rent Allowance @ Rs
as per University rules w.e.f		
		Registrar / Director/Principal
	OR	
CERTIFICATE NO.2		
Certified that Mr./Ms		is staying
independently and, therefore, is el	ligible to draw House Rent A	Allowance @ Rs
minimum admissible to a lecturer as	-	
		Registrar / Director/Principal
	OR	
CERTIFICATE NO.3		
Certified that Mr./Ms		has been
provided accommodation in the	hostel. But he/she could not	t be provided with single seated flat type
accommodation as recommended b	by the Commission. Hostel fee	@ Rs per month
w.e.f is bo	eing charged from him / her.	
		Registrar / Director/Principal
If an a moral of about on audit abia	ation some imposed outputs is notice	ad at later store patien will be taken to refund
adjust or regularize the objected amo		ed at later stage, action will be taken to refund,
Signature	Signature	Signature
Name	Name	Name
Date	Date	Date
Name of the Awardee	Head of Deptt.	Registrar/Director/Principal
	(Seal)	(Seal of University/Institution/College)

**N.B.** For any correspondence in this regard, the Commission's letter number and date may please be quoted without fail.

#### **SA-I SECTION**

#### FORM FOR SUBMITTING ACCOUNTS OF CONTIGENCY GRANTS AND THE UTILIZATION CERTIFICATE

1.	Name of Fellow:			
2.	Code Number:			
3.	Name of the Sche	me under which he	e/she is working:	
4.	Period for which	the account of cont	tingency grants relates:	
5.	Expenditure	From	to	
	Amount	Dated		
(a)	Books and allied it	ems:		
(b)	Typing (Tracing &	Ammonia Printing	):	
(c)	Stationary:			
(d)	Postage:			
(e)	Chemical & Electr	ical goods:		
(f)	Travel / filed work	: <b>.</b>		
6.	Period for which	the contingency gra	ant is payable:	
				) out of the contingency grant of
Rs.	m	nade available to the	fellow through Bank under	UGC scheme in respect of
		has been utilized	for the purpose for which	it was sanctioned in accordance with the
tern	ns and conditions lai	id down by the Univ	versity Grants Commission.	
		or audit objection,		d at a large stage, action will be taken to
Nam Date		Na Da <b>He</b>	gnature me te ead of Deptt.	Signature Name Date Registrar/Director/Principal (Seal)

#### **SA-III SECTION**

## **CONTINUATION CERTIFICATE**

# JRF / SRF in Scie nce, Humanities & Social Sciences

This is to certify that	has continuously	
working in the Department	(M.Phil / Ph.D) in the	
subject under the above scheme.		
Signature	Signature	
Date	Date	
Name of the Awardee	Guide / Supervisor	
Signature	Signature	
Date	Date	
Head of Deptt.	Registrar/Director/Principal	