



DELHI TECHNOLOGICAL UNIVERSITY
(Established by Govt. of Delhi vide Act 6 of 2009)
 (formerly Delhi College of Engineering)
 Shahbad Daultapur, Bawana Road, Delhi- 110042

Proforma for Claiming Fellowship/Stipend – Ph.D Research Scholars

1. To be filled by the Candidate

Name of the student		Roll No.	
Class		Semester	
Address			
Mobile No.		Name of Faculty Incharge (Supervisor)	
Name of the Scholarship Scheme		Awarded by	
Month(s) of scholarship claimed from			
Amount Claimed (in Rs.)	(in words)		
Bank Account No.		Bank Name:	
Bank IFSC Code:		Bank Branch:	

I solemnly affirm that I fulfil all the conditions laid by for the said scholarship by the granting authorities and the information furnished above are true and correct in all respect. The amount claimed above has not been claimed by me earlier. I realize that if any information furnished herein is found to be incorrect or untrue, I shall be liable to criminal prosecution. I agree abide by the terms and conditions of funding agency and University.

Date : _____

(Signature of the student)

2. To be filled by the Student & signed by the Department Faculty Incharge:

- (a) It is certified that the student has been regular and punctual in his attendance/assignment during the period for which stipend is being claimed by him.
- (b) That he has undertaken teaching and research activities as assigned to him for 8-10 hours a week for the period for which stipend is claimed by him.
- (c) Details of leave availed:

Number of leaves availed in present academic year so far (for Jan. admissions -- January to December)/(for Aug. admissions – August to July)	
Number of leaves availed in present month (for which fellowship is claimed)	
Total number of leaves availed	

Note: The leaves shall not exceed the limit of 30 days as prescribed under the rules.

(d) Mr./Ms. _____ Roll No. _____ hereby recommended and permitted to release the scholarship amounting to Rs. _____ (in words) _____).

(e) Photocopy of Attendance register duly signed & stamped by the Faculty Incharge (Supervisor) and the HOD for the respective claim is enclosed herewith.

S.No	Name of Lab & class engaged	Dates on which engaged the Lab classes	Date & No. of classes not engaged	Sign. Of concerned teacher

(Signature of Faculty Incharge)

**(Signature of Head of Department)
(With Name & Seal)**

3. To be filled by the Hostel Warden (in case of hosteller):

It is certified that Mr. /Ms. _____ Roll No. _____ a student of _____ programme/course, has cleared his/her mess/hostel dues up to _____ (preceding month to be mentioned).

Signature of Hostel Warden with seal

