**TEZPUR UNIVERSITY**

**Institutional Fellowship Claim Form (for full-time Ph.D student)**

1. Name (in block letters) in full :
2. a) Date of admission :

b) Department :

c) Roll No :

d) Category :

e) Name of the supervisor :

f) No of semester completed :

1. Period of fellowship applied for : From …………………. to……………………..
2. Are you receiving any other fellowship/scholarship during the above-mentioned period? Yes/No

If yes, please detail:

Date: Signature of the applicant

**RECOMMENDATION OF SUPERVISOR**

The progress of the student is satisfactory/ not satisfactory in the semester.

Attendance: No of days presents: .

 No of working days:

Date: Signature of the Supervisor

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 **FORWARDING NOTE OF HEAD OF THE DEPARTMENT**

The attendance of the student during the period was found satisfactory and recommended for release of the fellowship (In case of the progress not satisfactory, please do not forward the application).

Memo No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Head,

Department of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal)

**OFFICE ORDER**

Fellowship amount of Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) may be paid.

 Controller of Examinations

**Pre-receipt**

Transfer the amount into my SBI A/C No……………………………………………......................................................

Received Rs. \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Signature on Revenue Stamp

**TEZPUR UNIVERSITY**

**Attendance Record**

**(For Ph.D. Student)**

Department: English & Foreign Languages

Attendance record for the month of ………………………………………, 20

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| --- | --- | --- | --- | --- | --- |
| **S/N** | **Name of the Ph.D. students** | **Category of Research** | **No. of Working days** | **No. of days present** | **Remarks** |
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Date: Signature of the Head of the Dept.

 With Seal