



Central University of Himachal Pradesh
Dharamshala, District Kangra, H.P.

Scholarship/Fellowship Form for Research Degree Programmes

Month of Scholarship/Fellowship: _____

Year: _____

1. Name of the RD Scholar _____
2. Regn. No. _____
3. Programme of Study: **Ph.D.**
4. School: _____
5. Department: _____
6. Amount of Scholarship/Fellowship: _____
7. Bank Account No. _____
8. Name of the Bank & branch: _____
9. IFSC Code of the Branch: _____

Note: It is compulsory to fill up the entire above columns (1 to 9) properly and accurately.

I undertake that I have carried out/completed various Ph.D. research related works and other tasks given to me by the research supervisor/department during the month of _____. It is also undertaken and affirmed that I am not receiving any scholarship/fellowship from any source other than CUHP, Dharamshala.

Signature of the RD Scholar

Certificate

Certified that Mr./Ms. _____ Regn. No. _____ of Research Degree Programme (Ph.D.) in the School of _____, Department of _____ has carried out/completed his/her Ph.D. research related works to satisfactory extent during the month of _____. He/She may be paid scholarship for this month.

The amount of scholarship claim has been entered at Page No. _____ of the Fellowship Register.

The claim is verified for the payment of Rs. _____ and forwarded to Finance Officer for necessary action. It is also certified that the claimant is not receiving any scholarship/fellowship from any source other than CUHP, Dharamshala.

Supervisor/Teacher

Head of the Department

The scholarship/Fellowship payable to the claimant is verified & sanctioned under Sr. No. 52 of the delegation of the financial powers vide Ordinance No. 36 of the University.

Signature & Seal of the Dean of the School