CENTRAL UNIVERSITY OF SOUTH BIHAR

CLAIM FORM FOR RELEASE OF FELLOWSHIP RECEIVED FROM EXTERNAL FUNDING AGENCY (Like UGC, SERB)

Name:	Enroll no:	Date of Registration:
Dept./Centre:	Supervisor:	Ref):

Name of Fellowship, Funding Agency, Sanction order no, Date & amount under various Heads (enclose copy):

Claim Details (Period of Claim, Amount & Heads):

Claimant Aadhar linked Bank Details:
(It should be only in the name of Recipient)

Account Holder: **A/c No:**

Bank& Branch(with Address): **IFSC & MICR:**

I declare that I am not getting any Fellowship/ Financial assistance from any source. If any information provided by me in this claim form is subsequently found incorrect/false, I would refund the entire amount received by me.

Name of Claimant: **Date:** **Signature of the Claimant**

Address: **PAN No:**

The progress reports, Attendance etc. have been certified for the duration cited above. There is no reports/information pending. The claim of Ms/Mr. ..... is recommended for payment for the period noted above. It is also certified that above student is not getting any Fellowship/financial assistance.

Remarks, if any:

Supervisor	**Head of the Department**	**Dean**
Sign & Date:	Sign& Date:	Sign & Date:
Seal/Name:	Seal/Name:	Seal/Name:

To, The Registrar/ Finance Officer