

## CENTRAL UNIVERSITY OF SOUTH BIHAR

### CLAIM FORM FOR RELEASE OF FELLOWSHIP RECEIVED FROM EXTERNAL FUNDING AGENCY (like ICSSR, NCRI)

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

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 verified for the duration cited above. There is no reports/information pending. The claim of total Rs..... 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:**

<b>Supervisor</b>	<b>Head of the Department</b>	<b>Dean</b>
Sign & Date:	Sign & Date:	Sign & Date:
Seal/Name:	Seal/Name:	Seal/Name:

To, The Registrar/ Finance Officer