

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:

Supervisor

Head of the Department

Dean

Sign & Date:

Sign & Date:

Sign & Date:

Seal/Name:

Seal/Name:

Seal/Name:

To, The Registrar/ Finance Officer