CENTRAL UNIVERSITY OF SOUTH BIHAR

CLAIM FORM FOR NON-NET FELLOWSHIP: MPhil: ☐ PhD: ☐ PhD: ☐

(To be filled by the Research Scholar)

1.a. Name:	1.b. Enrollment number:	1.c. Date of Joining :
1.d. Dept./Centre:	1.e. Supervisor/Guide:	1.f. Roll:

2. Are you receiving any other Fellowship/Financial Assistance (Yes or No, if yes, provide the details)

3. Claim Details	
3.a. Specify the Month & Year till which date Fellowship has been received	
3.b. Current claim submitted for the Month & Year	
3.c. Total no. of working days in the claimed month	
3.d. Total no. of days present in claimed month	
3.e. Copy of Attendance enclosed (Yes/No)	
3.f. No of days and dates of absence (if)	

4. Amount claimed for release of fellowship	
4.a. Fellowship payable @ per month	4.b. Total amount claimed (in view of point 3 above)

5. Details of Semester Fee deposited (enclose challan copy)

5.a. Current Semester (please specify)	5.b. Amount Deposited	5.c. Date of Deposit	5.d. Mode of Deposit

Submit Semester claim form for each month. **Signature of Claimant**