



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. HoD:

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