

6. Claimant's Aadhar linked Bank Account details

6.a. Name of the claimant(As per Bank Records):

6.b. Claimant's Account Number:

6.c. Bank & Branch

6.d. IFSC Code:

7. I declare that I am not getting any Fellowship/ Financial assistance from any other sources. 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

8. Recommendation of the concerned Department

8. a. *The Progress Reports claim bills have been checked and verified for the duration cited above. The claim is recommended for payment for the period mentioned in this claim form. It is also certified that above student is not getting any Fellowship/financial assistance, to the best of my knowledge.*

8.b. Date of Joining of the Research Scholar in the programme :

8.c. Remarks, if any:

Name of the Dealing Assistant:
Signature:

Date:

8.d. Remarks, if any:

Supervisor/Guide
Sign with Date

Head of the Department
Sign with Date

**To,
The Registrar
Central University of South Bihar**