CENTRAL UNIVERSITY OF SOUTH BIHAR

CLAIM FORM FOR NON-NET CONTINGENCY (To be filled by the Ph.D. Research Scholar)

1.a. Name:			1.b. Enrolment number:		1.c. Date of Joining :			
1.d. Dept./Centre:		1.e. Superv	1.e. Supervisor/Guide:		1.f. HoD:			
2. Are you receiving any other Fellowship/Financial Assistance (Yes or No, if yes, provide the details like Scheme, Date of joining, Tenure etc.)								
3.	3. Claim Details (Important Check Points: Stock Entry, Bill period, Type of product, No receipt from other sources, Duplicate claims etc.)							
	. Specify the Calendar							
Co	ntingency has been cl	aimed/ received	/ From DD/MM/YYYY to DD/MM/YYYY					
4. Bill/ Invoice Details								
Sl	Invoice no. & Date	Name of the Vend	lor	Type of Product/ Category		Amount		
Date: Signature of the Claimant:								

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:								
	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.		ly Journa incorrect/Juise, I would rejuite						
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 pay	yment for the period menti	oned in this claim form. It is also certified						
		ssistance, to the best of my knowledge.						
8.b. Date of Joining of the Rese	arch Scholar in the progr	ramme :						
oibi bacc of joining of the field	ar en benedar in the prog.							
8.c. Remarks, if any:								
o.c. Remarks, if unly.								
Name of the Dealine Assistant								
Name of the Dealing Assistant:								
Signature:								
Data								
Date:								
9 d Domanks if any								
8.d. Remarks, if any:								
Supervisor/Guide		Head of the Department						
Sign with Date		Sign with Date						
To,								
The Registrar								
Central University of South Bihar								
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