



दक्षिण बिहार केन्द्रीय विश्वविद्यालय
CENTRAL UNIVERSITY OF SOUTH BIHAR
SH-7, Gaya – Panchanpur Road, Village – Karhara, Post-Fatehpur
P.S. – Tekari, District – Gaya (Bihar) PIN- 824236

CUSB/DEV/2544/2018
Date: 03.11.2018

NOTICE

In view of the Public Notice F.No.19-09/2018(SA-III/CB-SOP) dt 10th Oct-2018 of UGC regarding “Enhancements made to UGC-Canara Bank web Portal”, all HoDs are required to submit the details on monthly basis of all Scholars as per the attached format for disbursing scholarship/fellowship by the UGC through PFMS on DBT platform. The reports must be submitted of respective department by **05th of the particular month** for which scholarship/fellowship is to be disbursed (E.g. - by 5th Nov for 01st Nov 2018-30th Nov 2018). It has been implemented by the UGC w.e.f. 01.10.2018.

This issues with the approval of Competent Authority.


(Prof. Om Prakash Rai)
Registrar

Copy to:-

1. All Deans /HoDs: For information and needful.
2. School/Departmental Staffs: For information and needful.
3. Finance Officer: For necessary information.
4. PS/PA to HVC/PVC/Registrar/CoE: For information.
5. System Analyst: For uploading the notice & format on CUSB website
6. Guard File

CENTRAL UNIVERSITY OF SOUTH BIHAR

Department of.....

DETAILS FOR DISBURSEMENT OF FELLOWSHIP/SCHOLARSHIP THROUGH UGC-PFMS ON
DBT PLATFORM (Must be submitted by 05th of every month)

Sl. No	Name of the Scholar	Enrollment No.	Scheme & Position (JRF/PDF/SRF etc.)	Fellowship Payment Period/ Amount (Monthly)	HRA Payment Period/ Amount (Monthly)	Contingency Payment Period/ Amount (Quarterly)	Any other
1							
2							
3							
4							
5							
6							
7							

Note: Stop Payment/Stop HRA/Discontinuation/Stop Upgradation/Stop Payment Revocation/ Stop Contingency etc. must be communicated with relevant details.

Checked & Verified by:

Name
(Dealing Assistant)

Signature:

Date:

The above mentioned details are approved for uploading on the UGC Portal. All the relevant documents in respect of the scholars have been verified & kept at the Department.

***Head**

***Dean**

To,
The Registrar
CUSB

**Signature with Date & Seal*