**FELLOWSHIP/ ASSISTANTSHIP CLAIM FORM**

**(M. Tech./Ph.D./Post Doc.)**

Department…………………………………Month & Year…………………………………………………..

Name of M.Tech. Student/ Ph.D. Scholar/Post Doctoral Fellow…………………………………………

Roll No. …………….Bank A/c No. ……………………….. Bank Name ………………………………....

Assistantship/ Fellowship Amount …………………………………………….

Date:……….. **Signature of M.Tech. Student / Ph.D. Scholar / Post Doctoral Fellow**

I certify that

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. | Performance of Scholar | Very Poor | Poor | Average | Good | Very Good |
| 2. | His/her availed leave as per Ordinance and Rules regulation of respective programme | Yes | No | | Not applicable | |
| 3. | Annual progress report of research has been evaluated by Doctoral Committee (only for Ph.D. scholar, who have  successfully passed Registration Seminar) | Yes | No | | Not applicable | |
| 4. | Hence, Assistantship / Fellowship should be released. | Yes | | | No | |

Signature of **Supervisor**/**Faculty Advisor**

Date:

Remarks of Coordinator-of-Departmentwith signature**\***

………………………………………………………………………………………………………….

Signature of **Head-of-Department\***

Date:

***Note:*** *Please submit this form to the Administration (Account Officer or Assistant Registrar-Finance) by* ***24****th of every month for payments of Assistantship.*

**\****In case of M.Tech. student, Co-ordinator of participating department can endorse.*