

**UNIVERSITY GRANTS COMMISSION
BAHADURSHAH ZAFAR MARG,
NEW DELHI-110002**

SA-I SECTION

JOINING REPORT

JRF in Science, Humanities & Social Sciences

Name of Fellow:

Award letter number and date or UGC Circular number and date:

This is to certify that has joined the Department of for doing (M.Phil / Ph.D) in the subject ofunder the above scheme of the **JRF in Science, Humanities & Social Sciences** students of university Grants Commission with effect from(FN/AN). He / She belongs to (*Mention the category*). His /Her date of registration is He / She will be provided with all necessary facilities during his/her tenure of award. The terms and conditions of the offer are acceptable to Awardee.

Also certified that fellow shall not accept / hold any emoluments paid or otherwise or receive emolument, salary, stipend etc. from any other source during the tenure of the award.

Signature

Name

Date

Awardee

Ph. No.

Mobile:

Email:

Bank A/C No.

IFSC Code:

Adhaar No. (if any)

Signature

Name

Date

Guide/Supervisor

(Seal)

Signature

Name

Date

Head of Deptt.

(Seal)

Signature

Name

Date

Registrar/Director/Principal

(Seal of University/Institution/College)

Bank A/C No. of University/Institution

TO WHOM IT MAY CONCERN

It is certified that the original certificates of the candidate in respect of Mr. / Ms. _____ has been checked as per detail below and the candidate fulfill the minimum eligibility conditions for Junior Research Fellowships:

| Purpose | Checked or Not (Write Ye or No) | Whether Copy Enclosed or Not | Remarks if any |
|---|------------------------------------|---------------------------------|----------------|
| Whether the candidate disabled (PWD) | | | |
| Whether candidate have 55% in Masters Degree for General / OBC of Non-Creamy layer. | | | |
| Whether candidate have 50% for SC/ST/PWD. | | | |
| Whether candidate more than 28 years of age as on the first day of the month of NET examination (i.e. 1 st June / December) and relaxation by five years for SC/ST/PWD/OBC (non-creamy layer) and female candidates. Relaxation in age up to 3 years to candidates who have done LLM. Total relaxation on the above ground(s) can not exceed five years. | | | |

(Head of the Concerned Department)

University / College / Institute

(Seal)

(Registrar / Principal / Director)

University / College / Institute

(Seal)

Format for DBT Registration in portal of UGC

| | | |
|----|-------------------------|--|
| 1 | Scheme | |
| 2 | Year of Selection | |
| 3 | University / UGC Ref ID | |
| 4 | Student Name | |
| 5 | Department | |
| 6 | Account No. | |
| 7 | IFSC Code | |
| 8 | DOB | |
| 9 | Gender | |
| 10 | Stream | |
| 11 | Present Address | |
| 12 | Domicile State | |
| 13 | PIN | |
| 14 | Fathers Name | |
| 15 | Mothers Name | |
| 16 | Divyang (PH) | |
| 17 | Category | |
| 18 | ID Proof | |
| 19 | Mobile No. | |
| 20 | Email ID | |
| 21 | End of fellowship Date | |
| 22 | Date of Joining | |
| 23 | Date of Registration | |
| 24 | Aadhar No. | |
| 25 | SRF / JRF | |
| 26 | Name of the Course | |
| 27 | Hostel Boarded | |
| 28 | Contingency per month | |

Awardee

Supervisor

Head of the Department

**UNIVERSITY GRANTS COMMISSION
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NEW DELHI-110002**

SA-I SECTION

CONTINUATION CERTIFICATE

JRF in Science, Humanities & Social Sciences

This is to certify that has continuously working in the Department (M.Phil / Ph.D) in the subject under the above scheme.

Signature

Date

Name of the Awardee

Signature

Date

Guide / Supervisor

Signature

Date

Head of Deptt.

Signature

Date

Registrar/Director/Principal

HRA CERTIFICATE

CERTIFICATE NO.1

Certified that Mr./Ms. is paying house rent of Rs. and is eligible to draw House Rent Allowance @ Rs. as per University rules w.e.f

Registrar / Director/Principal

OR

CERTIFICATE NO.2

Certified that Mr./Ms. is staying independently and, therefore, is eligible to draw House Rent Allowance @ Rs. minimum admissible to a lecturer as per University rules.

Registrar / Director/Principal

OR

CERTIFICATE NO.3

Certified that Mr./Ms. has been provided accommodation in the hostel. But he/she could not be provided with single seated flat type accommodation as recommended by the Commission. Hostel fee @ Rs. per month w.e.f is being charged from him / her.

Registrar / Director/Principal

If, as a result of check or audit objection, some irregularity is noticed at later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Signature

Signature

Name

Name

Name

Date

Date

Date

Name of the Awardee

Head of Deptt.

Registrar/Director/Principal

(Seal)

(Seal of University/Institution/College)

N.B. For any correspondence in this regard, the Commission's letter number and date may please be quoted without fail.

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SA-I SECTION

FORM FOR SUBMITTING ACCOUNTS OF CONTIGENCY GRANTS AND THE UTILIZATION CERTIFICATE

1. Name of Fellow:

2. Code Number:

3. Name of the Scheme under which he/she is working:

4. Period for which the account of contingency grants relates:

5. Expenditure **From** _____ **to** _____

Amount **Dated**

(a) Books and allied items:

(b) Typing (Tracing & Ammonia Printing):

(c) Stationary:

(d) Postage:

(e) Chemical & Electrical goods:

(f) Travel / filed work:

6. Period for which the contingency grant is payable:

Certified that the expenditure of Rs. _____ (Rupees _____) out of the contingency grant of Rs. _____ made available to the fellow through Bank under UGC scheme in respect of _____ has been utilized for the purpose for which it was sanctioned in accordance with the terms and conditions laid down by the University Grants Commission.

If, as a result of check or audit objection, some irregularity is noticed at a large stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Name

Date

Awardee

Signature

Name

Date

Head of Deptt.

(Seal)

Signature

Name

Date

Registrar/Director/Principal

(Seal)

N.B. For any correspondence in this regard, the Commission's letter number and date may please be quoted without fail.