

**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

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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

Name

Date

Name of the Awardee

Signature

Name

Date

Head of Deptt.

(Seal)

Signature

Name

Date

Registrar/Director/Principal

(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.

**UNIVERSITY GRANTS COMMISSION
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NEW DELHI-110002**

SA-I SECTION

FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY 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)