

**NATIONAL INSTITUTE OF PLANT GENOME RESEARCH
NEW DELHI – 110 067**

DETAILS OF FELLOWSHIP CLAIM

Name of the Fellow : _____
Fellowship awarded by NIPGR, UGC, CSIR, DBT, ICMR : _____
Period : _____
Rate : _____
Amount : _____

I certify that I am a JRF / SRF / PDF / RA/ SRA of NIPGR, UGC, CSIR, DBT and ICMR working for my Ph.D. / Fellowship in NIPGR. I would like to claim the Fellowship / HRA / Contingency for the above period. I also certify that I am not employed anywhere else.

I further certify that I am residing/ not residing in NIPGR Hostel during the above-mentioned period.

Signature of claimant

CERTIFICATE FROM SUPERVISOR

It is certified that the work of Mr./Ms. _____ JRF / SRF / PDF / RA/ SRA of NIPGR, UGC, CSIR, DBT and ICMR working for his Ph.D. / Fellowship with me is satisfactory. His / her claim of Fellowship / HRA / Contingency for the above-mentioned period may be admitted.

It is also certified that the Dr./Mr./Ms. _____ JRF / SRF / PDF / RA/ SRA of NIPGR, UGC, CSIR, DBT and ICMR has regularly attended the laboratory to pursue his/her research work and availed _____ days leave during the month, which has been sanctioned by the Competent Authority.

Details of leave:

1. Opening balance of leave : _____
2. Leave availed during calendar year (*including current month's leave*) : _____
3. Balance leave as on date : _____

Signature of the Supervisor

**FOR USE OF FINANCE / ACCOUNTS BRANCH
REPORT ON OUTSTANDING DUES**

The following dues are outstanding against the above Fellowship holder:

- | | | |
|--|---|-----------|
| 1. _____ | : | Rs. _____ |
| 2. _____ | : | Rs. _____ |
| 3. _____ | : | Rs. _____ |
| 4. _____ | : | Rs. _____ |
| Total amount to be deducted towards dues | : | Rs. _____ |

Total amount of Fellowship payable after realizing dues : Rs. _____

Dealing Assistant

Finance Officer