



INDIAN INSTITUTE OF TECHNOLOGY BHUBANESWAR
ACADEMIC SECTION

Date:

D	D	M	M	Y	Y	Y	Y
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MONTHLY FELLOWSHIP CLAIM FORM

Month for which the claim is made: _____

<i>To be filled by the Research Scholar</i>			
1	Name of Research Scholar		
2	Roll Number		
3	School		
4	Date of Enrollment to Ph.D.		
5	Supervisor		
6	Co-Supervisor (if any)		
7	Residential Status <i>(if staying outside, please attach office order for the 1st time)</i>	Hostel <input style="width: 50px;" type="text"/>	Outside <input style="width: 50px;" type="text"/>
8	Nature of Assistantship/Fellowship	Institute <input style="width: 50px;" type="text"/> <small><i>(for other sources, please mention the name of the agency)</i></small>	Other Sources (UGC- CSIR /DST-Inspire/any other) <input style="width: 50px;" type="text"/>
9	Rate of fellowship per month		
10	Bank Account Details	Account No. <input style="width: 50px;" type="text"/>	IFSC <input style="width: 50px;" type="text"/>
11	Undertaking <i>I undertake to abide by the rules and regulations applicable in this regard.</i>		
<i>Signature of the Research Scholar</i>			
Leave Record (Filled by the respective School Office) <i>(Approval letter must be attached for all kinds of Leave)</i>			
Casual Leave Taken upto this Month _____		Casual Leave taken in this Month _____	Balance Casual Leave Available till date _____
Medical Leave Taken upto this Month _____		Medical Leave taken in this Month _____	Balance Medical Leave Available till date _____
Duty Leave Taken upto this Month _____		Duty Leave taken in this Month _____	Total Duty Leave taken _____
No. of Days absent in this Month : _____			
<i>Signature of the Office Assistant with Seal</i>			
Remarks by the Supervisor(s) on the performance of the student			
<i>Signature of Supervisor with date</i>			
Remarks by the Head of School			
<i>Signature of HoS with date</i>			
<small>NB: 1. Application Form must be submitted by the Research Scholar to the School Office by 25th of each month and it should reach the Academic Section for verification by 27th of each month. Application form received after due date will not be accepted. 2. Casual Leave : 15 Days (for incidental purpose) Medical Leave : 15 Days (for treatment on illness purpose)</small>			