

DBT-JRF PROGRAMME**CLAIM FORM**

Date: _____

Fellow Number _____

Name of the Fellow _____

University/Institute Name: _____

S. No.	Particulars	Amount of Grant (in Rs.)			Total (in Rs.)	Remarks (if any)
		Fellowship	HRA	Contingency		
1.	Amount sanctioned/ permissible for the year					
2.	Grant claimed for the period from _____ to _____					
3.	Deduct unspent balance brought forward					
4.	Net amount claimed (2-3)					

1. Certified that the amount claimed above will be utilized for the purpose it is sanctioned and in accordance with the terms and conditions of DBT-JRF programme.
2. Certified that the attendance records have been maintained/checked and the fellow is continuing research work in the university/institute. In case, the fellow leaves research work/resigns, the guide/HOD shall inform DBT/BCIL within a week, failing which, university/institute shall be responsible for any financial loss to DBT.
3. Certified that the work of the research Fellow for the past six months has been satisfactory.
4. Certified that the fellow for whom HRA is claimed has not been provided any institutional hostel accommodation.

Supervisor
(Signature & Stamp)Head/Director
(Signature & Stamp)Finance Officer
(Signature & Stamp)