



CLAIM BILL FOR FULL TIME SCHOLARS STIPEND

Name of the Full Time Research Scholar :

Admission Proceedings No. with date :

Date of Joining :

Department :

Period up to which fellowship is tenable :

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Received for the month of :

Basic/Consolidated :

Net amount payable (In words) :

No. of Leaves availed in this month :

Date :

Please credit to the S.B.A/C .No. :



Signature of the Research Scholar

Name& Signature of the Research  
Guide/Director/Mentor :

Overall assessment and comment of the Guide :

Signature of the HOD/BOS

**(TO BE FILLED BY THE OFFICE ONLY)**

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Cheque /Transaction No\_\_\_\_\_Date\_\_\_\_\_ Rs.\_\_\_\_\_/-

**Assoc. Dean (AR)**

**Dean R&D**