

**FORMAT FOR CONFIRMATION OF CONTINUATION OF FELLOWSHIP /
SCHOLARSHIP UNDER UGC SCHEMES**

(To be submitted to the Office of the Registrar by 5th day of every month)

1. **Name of the Scholar (Awardee):** _____
2. **Name of the Department:** _____
3. **Name of Schemes:** _____
4. **Award Reference ID :** _____
5. **Date of Award of Fellowship:** _____
6. **Period of Fellowship: (From _____ To _____)**
7. **Period of HRA: (From _____ To _____)**
8. **Contingency on quarterly basis as (January – March): (From _____ To _____)**
9. **Comments of the Supervisor in regard to attendance & progress of the scholar during the month.**

(Signature of Scholar)

(Signature of Supervisor)

(Signature of the Head of the Department with seal)

(For office use only)

Above information is correct. If approved, the payment may be approved for the month of

Registrar