

**SPONSORED RESEARCH & CONSULTANCY CELL  
NATIONAL INSTITUTE OF TECHNOLOGY DURGAPUR**

**FELLOWSHIP CLAIM**

1. Name of the Fellow:
2. State Bank Account No.:
3. Designation with Department:
4. Month for which the claim is:
5. Amount of Fellowship:
6. Source from which the money is received:
7. Name of the Scheme/Individual:
8. If the Institute Scholarship was previously drawn before joining as Research Fellow:
9. The period rate and total amount of Institute Scholarship:
10. The period and amount of Tuition Fees and Seat Rent already paid as Institute Scholar:

Date: \_\_\_\_\_ Signature of the Claimant \_\_\_\_\_

It is certified that

- The Fellow has not availed of any disqualified leave.
- The Fellow has not availed of any leave without Fellowship during the period.
- The sanction of the Sponsoring Authority exists for the payment as mentioned above.
- Fund is available.

Duration of the scheme is.....

Payment may be arranged from.....