Bill for payment of fellowship to the Full time research scholars of \_\_\_\_\_\_\_\_\_\_\_\_\_\_Deptt.

For the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. No. | Name of Research Scholar. | Registration No | Date of joining  | Expiry Date of Fellowship | No. of days (remained in the department) including authorized O.D.  | Detail of C.Ls availed during the month (maximum 08 in a calendar year) | No. of absents during the month due to medical leave/absent or leave due to any other reasons, whose fellowship is not to be paid | Amount of Fellowship to be paid for \_\_\_\_ days after deduction of fellowship of \_\_ days mentioned in column No. 07 | Preparation of Bill by the office/ Department clerk/ JSS on the basis of attendance register, being maintained by this office/ deptt. | Verification by concerned guide with date  |
| **Total / Balance CL** | **Consumed during the Month** |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. Certified that the above particulars are correct as per original record of the concerned fellow, maintained in the department.
2. Fellowship of above mentioned Research scholars is recommended for release as per Column No. 10 of above table, duly verified by the guide/supervisor.

Stamp and sign of HOD with date

Deptt. Of \_\_\_\_\_\_\_

Dean (R&C)