CONTINUATION CERTIFICATE

NATIONAL FELLOWSHIP FOR PERSONS WITH DISABILITIES

This is to certify that Mr/Ms. ______________________________

Research scholar is pursuing MPhil/ Ph.D/ Integrated Ph.D as regular and full
time scholar in the subject of __________________ in the Department
_______________ ___________ under the above scheme for the quarter
from ____________ to __________.

Signature
Name
Date
Name of the
Candidate
Signature
Date
Head of
Department
Signature
Date
Registrar/Director/Principal
(Seal of University/Institution
(Seal)
/College)
HALF YEARLY PROGRESS REPORT

1. Name of the Fellow:

2. Award letter number and date:

3. Topic of research work:

4. Date of commencement of research: a) At the university:
   b) Under the fellowship scheme:

5. Period of Progress Report:

6. Total number of working days during the period:

7. Number of days the fellow remained on leave (with dates):
   a) With fellowship, number of days: from.................... to..................
   b) Without fellowship, number of days: from.................. to..............

8. Number of days the Fellow remained out of station for fieldwork/travel, with dates and places visited:
   a) Number of days: from.................... to..................
   b) Places visited.............................................

9. Number of days the Fellow remained present at the University/Institution/College:

10. Publications during the period under report (please enclose a reprint of each): Title of article/paper.

11. Teaching work done during the period under report: a) Number of periods taken per week at B.Sc./B.A level: b) Number of periods taken per week at M.Sc./M.A. level:

12. Title of the monograph written during the period under report:

13. A detailed account of the work done during the period (a separate sheet may be attached for the purpose):

14. Comments of the supervisor on the progress of the research work during the period under report:

Signature                      Signature                      Signature
Name                           Name                           Name
Date                           Date                           Date
Name of the Candidate          Head of the Deptt.               Registrar/Director/Principal
                              (Seal)                         (Seal of University/Institution/College)
FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY GRANTS AND THE UTILISATION CERTIFICATE

1. Name of Fellow:

2. Award letter number and date:

3. Name of the scheme under which she is working:

4. Period to which the accounts of contingency grant relates:

5. Expenditure From: ..................to.........................

<table>
<thead>
<tr>
<th>Amount</th>
<th>Dated</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Books and allied items:</td>
<td></td>
</tr>
<tr>
<td>B. Typing:</td>
<td></td>
</tr>
<tr>
<td>C. Stationery:</td>
<td></td>
</tr>
<tr>
<td>D. Postage:</td>
<td></td>
</tr>
<tr>
<td>E. Chemical and electrical/electronic goods:</td>
<td></td>
</tr>
<tr>
<td>F. Travel/fieldwork:</td>
<td></td>
</tr>
</tbody>
</table>

Certified that the expenditure of Rs......................... (Rupees..........................) out of the contingency grant of Rs ......................... (Rupees ..................) in respect of....................... has been utilized for the purpose for which it was sanctioned in accordance with the terms and conditions laid down by the ___________.

if, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Name

Date:

Name of the Candidate

Head of the Deptt. (Seal)

Registrar/Director/Principal (Seal of University/Institution/College)
H R A CERTIFICATE

1. Name of Scholars: ____________________________________________

2. Award letter number and date: ________________________________

3. Name of the Fellowship scheme: _______________________________

4. Period for which HRA is claimed: ______________________________

Certified that:

(A) the above mentioned scholars is paying house rent of Rs. ..................... per month and is eligible to draw House Rent Allowance @ Rs. ..................... per month

(B) the above mentioned scholars is staying independently and, therefore is eligible to draw House Rent Allowance @ Rs. ..................... per month, as per the Government of India norms.

(C) the above mentioned scholars has been provided accommodation in the hostel. Hostel fee Rs.............................. Per month w.e.f ......................... is being charged from him/her.

(Strike out whichever is not applicable)

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature
Name
Date:
Name of the Candidate

Signature
Name
Date:
Head of the Deptt. (Seal)

Signature
Name
Date:
Registrar/Director/Principal
(Seal of University/ Institution/College)
THREE MEMBERS ASSESSMENT COMMITTEE REPORT FOR UPGRADEATION FROM JRF to SRF UNDER THE SCHEME OF NATIONAL FELLOWSHIP FOR PERSONS WITH DISABILITIES.

Assessment for upgradation of Mr./Mrs. ______________________________________ Working as regular and full time research scholar at the Department of __________________________________ at University/Institution/College__________________________ who has completed two years of research on date ________________________________.

CONSTITUTION OF THE COMMITTEE
(Name and designation)
1. [ 1 Outside Subject Expert- other than same Univ./Instit./College ]
2. [ Supervisor of Research Scholar]
3. [ Head of the Department]

Date of joining of scholar:
Ph.D. registration No.:
Date of meeting of Committee:

VENUE OF ASSESSMENT/INTERVIEW:

ASSESSMENT OF THE COMMITTEE

The Committee assessed the progress of the candidate through their presentation followed by interview. In view of the outstanding/very good/satisfactory performance of the NFPwD, and also the fact that he/she has published work to his/her credit, the committee makes the following recommendations. (Strike out whichever is not applicable)

Mr./Mrs./Ms._______________________________ may be upgraded from JRF to SRF with effect from ______________________.

Signature
Name
Supervisor
(Seal)

Signature
Name
Head of Department
(Seal)

Signature
Name
Registrar/ Director /Principal
(Seal of University/Institution/College)