

DBT-JRF PROGRAMME
CLAIM FORM
(For Financial Year 202__ - 202__)

Name of Fellow: _____

Fellow ID Number: _____

Name of University/Institution: _____

S. No.	Particulars	Grant (Rs.)			Total (Rs.)	Remarks (if any)
		Fellowship	HRA	Contingency		
1.	Amount sanctioned/ permissible for the Year					
2.	Grant claimed for period from to					
3.	Deduct unspent balance brought forward (if not committed)					
4.	Net amount claimed (2 – 3)					

This is to certify the following:

1. Fellow is continuing research work in the university/ institution and his/ her attendance records have been maintained and checked regularly;
2. Research work undertaken by the fellow in the past six months has been satisfactory;
3. Amount claimed above will be utilized for the purpose it is sanctioned and in accordance with the terms and conditions of DBT-JRF Programme;
4. No institutional hostel accommodation is provided for the fellow for whom HRA allowance is being claimed;
5. In case, fellow discontinues/ resigns from the university/ institution after receipt of fellowship, university/ institution shall inform about the current status of fellow to RCB/ DBT (jrf.dbt@rcb.res.in) within a week and undertake final settlement of account.

Supervisor
(Signature & Stamp)
Date:

Finance/Accounts Officer
(Signature & Stamp)
Date:

Head/Dean/Director
(Signature & Stamp)
Date: