

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

**(To be submitted to the Office of the Registrar by 5<sup>th</sup> 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

