



नागालैण्ड विश्वविद्यालय NAGALAND UNIVERSITY

(संसद द्वारा पारित अधिनियम 1989, क्रमांक 35 के अंतर्गत स्थापित केंद्रीय विश्वविद्यालय)
(A Central University established by an Act of Parliament No.35 of 1989)

मुख्यालय : लुमामी, जिला : जुन्हेबोटो (नागालैण्ड), पिनकोड - 798627

Hqrs : Lumami, Dist. Zunheboto (Nagaland), Pin Code - 798627

वेबसाइट / Website : www.nagalanduniversity.ac.in

No. NU/RDC-20/Fellowship/2019 -

Dated: 24.02.2023

CIRCULAR

This is for general information to all Ph.D/M.Phil scholars who are availing UGC Non-NET Fellowship that 'Contingency Claim Bill along with Statement of Expenditure and Certified bills/vouchers for the year 2021-22, and 'Fellowship Claim Bill along with certified Attendance Certificate for March, 2022 to February, 2023' should be submitted on or before 10.03.2023 in view of the financial year ending.

Fellowship and Contingency claim bill submitted after specified date shall not be entertained and will be considered as forfeited.

Sd/-

TEMJENSOSANG

Director, RDC

No. NU/RDC-20/Fellowship/2019 - 5562

Dated: 24.02.2023

Copy to:

1. The Secretary to VC, Nagaland University for kind information of the Vice Chancellor
2. The Administration In-Charge, Nagaland University, Kohima/Medziphema Campus for circulation
3. All Deans of Schools, Nagaland University for information and circulation
4. The Registrar, Nagaland University, Lumami for information
5. The Finance Officer, Nagaland University, Lumami for information
6. All Head of Departments, Nagaland University for information and circulation
7. The System Administrator, Nagaland University, Lumami to upload on the University website
8. The Convenor, Research Scholars' Forum, Nagaland University, Lumami/Kohima/Medziphema campus for circulation
9. Office file


24/02/2023

(IMLIMEREN)

Assistant Registrar (RDC)

FELLOWSHIP CLAIM BILL FORM

For the use of UGC Non-NET/INSPIRE/ICSSR/PDF fellowship etc.

Name of the Scholar (Capital letters): Mr./Ms. _____

Department _____

Name of the fellowship: *UGC Non-NET/INSPIRE/ICSSR/PDF/ICMR fellowship/Others* _____

Award letter No. and date: _____

Ph.D./M.Phil. Admission date: _____

Bank A/C No. _____ IFSC Code: _____

Mobile: _____ E-mail: _____

Head	Period					Rate per month/annum	Amount (₹)	Remarks
	Month	Year	to	Month	Year			
1. Fellowship	Month	Year	to	Month	Year			
2. HRA	Month	Year	to	Month	Year			
3. Contingency	Month	Year	to	Month	Year			

DECLARATION

Certified that the above fellowship claim is correct and duly certified bill(s) are enclosed wherever essential.

Signature of the Claimant

Date: _____

Certified that the Scholar in respect of whom the fellowship has been drawn in this bill has been regular in attendance and his/her progress in research and conduct has been satisfactory.

Payment of fellowship is recommended.

(Signature with seal)
Supervisor

(Signature with seal)
Head of Department

* *The claim bill(s) should reach the office of the Director (RDC) on or before 15th of every month. Failure to comply with this for two (02) consecutive months shall lead to the cancellation of the fellowship*



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ATTENDANCE CERTIFICATE
(For Fellowships)

This is to certify that _____,
Ph.D. Scholar, Department/Centre of _____
is under my supervisorship and was present in the Department/Centre for research work for
_____ (Figures) _____ (Words) Days and
in the Field/Library _____ (state the activity)
for _____ (Figures) _____ (Words)
Days during the month(s) of _____, 20__.

Name of the Supervisor: _____

Signature with date: _____

Seal

Forwarded by the Head of the Department/Director of the Centre of Studies:

Name: _____

Department/ Centre: _____

Signature with date: _____

Seal

STATEMENT OF EXPENDITURE FOR FELLOWSHIPS
Contingency Expenditure

Name of the Fellowship _____

Period from _____, 202__ to _____, 202__

SI No.	Date of the Bill	Bill/Voucher No.	Particulars*	Amount in Rupee
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
Total =				Rs

(Rupees _____)

Signature
Name:
Date:
(Scholar)

Signature
Name:
Date:
Guide/Supervisor

Signature
Name:
Date:
Head of Deptt.