



**नागालैण्ड विश्वविद्यालय**  
**NAGALAND UNIVERSITY**  
(संसद द्वारा पारित विधिनियम 1989, क्रमांक 35 के बंतर्गत स्थापित केंद्रीय विश्वविद्यालय)  
(A Central University established by an Act of Parliament No.35 of 1989)  
मुख्यालय : लुमामी, जिला : जुनहेबोटो (नागालैण्ड), पिनकोड – 798627  
Hqrs : Lumami, Dist. Zunheboto (Nagaland), Pin Code – 798627  
वेबसाइट / Website : [www.nagalanduniversity.ac.in](http://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.**

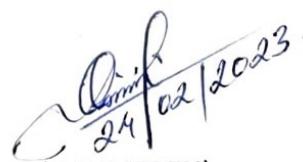
Sd/-  
**TEMJENSOSANG**  
Director, RDC

No. NU/RDC-20/Fellowship/2019 - ५५६२

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

  
(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
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 15<sup>th</sup> 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.				
<b>Total =</b>				<b>Rs</b>

(Rupees \_\_\_\_\_)

Signature

Name:

Date:

(Scholar)

Signature

Name:

Date:

Guide/Supervisor

Signature

Name:

Date:

Head of Deptt.