

**SPONSORED RESEARCH & INDUSTRIAL CONSULTANCY
INDIAN INSTITUTE OF TECHNOLOGY, KHARAGPUR**

FORM FOR CLAIMING FELLOWSHIP

1. Name of the fellow :
2. Syndicate Bank Account No. :
3. Designation with Department :
4. Month for which the claim is :
5. Amount of Fellowship :
6. Source from which the money is received :
7. Name of the Scheme/Individual :
8. If the Institute Scholarship was previously :
drawn before joining as Research Fellow
9. The period rate and total amount of :
Institute Scholarship
- 10 The Period and amount of Tuition Fees :
and Seat Rent already paid as
Institute Scholar

Date :

.....
Signature of the Claimant

It certified that :-

- a) The Fellow has not availed of any disqualified leave .
- b) The Fellow has not availed of any leave without Fellowship during the period.
- c) The sanction of the Sponsoring Authority exists for the payment as mentioned above.
- d) Fund is available.
- e) Duration of the scheme is.....
- f) Payment may be arranged from

.....
*Signature of the
Investigator –in-Charge/Supervisor
(Office Seal)*