new LOGO NERIST**NORTH EASTERN REGIONAL INSTITUTE OF SCIENCE AND TECHNOLOGY**

**(Deemed University)**

**Nirjuli 791109 :: Arunachal Pradesh**

**(Under Ministry of Human Resource Development, Govt. of India)**

**APPLICATION FORM FOR ENCHANCEMENT OF FELLOWSHIP AMOUNT TO**

**Ph.D. (FULL TIME) SCHOLAR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name of the Scholar | |  | | |
|  | Roll No. | |  | | |
|  | Registration No. | |  | | |
|  | Department/Centre | |  | | |
|  | Date of Joining Ph.D. Programme | |  | | |
|  | Monthly Fellowship Amount Drawing | |  | | |
|  | Date of completion of 2 years tenure | |  | | |
| 8. | Publications in Indexed Journals & Conferences(with proof): | | | | |
| **Sl. No.** | **Title of the paper** | **Name of the Author(s)** | **Name of the Journal(s)** | **Date of Publication(Month & Year)** | **Index No.** |
|  |  |  |  |  |  |

**DECLARATION**

I do hereby declare that all the information stated above are true, correct and in the event of any information found to be false/forged at a later stage, I shall be solely responsible for that and Institute may take suitable action against me.

**Signature of the Scholar with date**

**For official use of the concerned Department/Centre**

|  |  |
| --- | --- |
| Progress of the Scholar | Satisfactory/Not Satisfactory |
| Recommendation of the concerned Supervisor/  Co-Supervisor for enhancement of the fellowship | Recommended / Not Recommended  Signature of Supervisor/Co-Supervisor with date  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Forwarding of concerned HoD/HoC | Signature of HoD/HoC with date  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Copy forwarded to:**

1. Dean (Academic) for further review of the enhancement of fellowship.