### NORTH EASTERN REGIONAL INSTITUTE OF SCIENCE AND TECHNOLOGY



(Under the Ministry of Human Resource Development, Govt of India)

### (Deemed University)

### Nirjuli 791109 :: Arunachal Pradesh

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

# APPLICATION FORM FOR GRANT OF MHRD/INSTITUTE FELLOWSHIP TO Ph.D. (FULL TIME) SCHOLAR

(To be submitted by the Scholar monthly)

| ACADEMIC | SESSION: 20 |  |
|----------|-------------|--|
|----------|-------------|--|

| 1.  | Name of the Scholar   |  |
|-----|---|--|
| 2.  | Roll No.  |  |
| 3.  | Registration No.  |  |
| 4.  | Department/Centre   |  |
| 5.  | Date of current Semester Registration                             |  |
| 6.  | Month for which fellowship applied for                            |  |
| 7.  | Do you receive any other fellowship?<br>If yes, give full details |  |
| 8.  | SBI Bank Account No.  |  |
| 9.  | Aadhaar No  |  |
| 10. | Reference No of Online Anti Ragging<br>Undertaking                |  |

#### **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 including recovery of money. I also declare that I am not getting any other fellowship/scholarship.

Signature of the Scholar with date

## For official use of the concerned Department/Centre

| Total attendance of the scholar in the month (Please attach a photocopy of the attendance) | Please tick ( ) in the appropriate box below  Full Month   Absent for day(s) |            |                   |
|--|--|------------|-------------------|
| ,  | Tun Monui  | Absent for | uay(s)            |
| Monthly progress report of the scholar   |  |            |                   |
|  | Recommended / Not Recommended  |            |                   |
| Recommendation of the concerned Supervisor/<br>Co-Supervisor for awarding the fellowship   | Signature of Supervisor/Co-Supervisor with date Name                         |            |                   |
| Forwarding of concerned HoD/HoC  | Name _   | C          | HoD/HoC with date |