



**Central University of Himachal Pradesh**  
Dharamshala, District Kangra, H.P.

**Scholarship/Fellowship Form for Research Degree Programmes**

Month of Scholarship/Fellowship \_\_\_\_\_ Year \_\_\_\_\_

1. Name of RD Scholar \_\_\_\_\_

2. Regn. No. \_\_\_\_\_

3. Programme of Study: **Ph.D.**

4. School: \_\_\_\_\_

5. Department: \_\_\_\_\_

6. Amount of Scholarship/Fellowship: \_\_\_\_\_

7. Bank Account No. \_\_\_\_\_

8. Name of the Bank & Branch \_\_\_\_\_

9. IFSC Code of the Branch: \_\_\_\_\_

**Note: It is Compulsory to fill up the entire above columns (1 to 9) properly and accurately.**

I undertake that I have carried out/completed various Ph.D. research related works and other tasks given to me by the research supervisor/department during the month of \_\_\_\_\_. It is also undertaken and affirmed that I am not receiving any Scholarship/Fellowship from any source other than CUHP, Dharamshala.

**Signature of the RD Scholar**

**Certificate**

Certified that Mr./Ms. \_\_\_\_\_ Regn. No. \_\_\_\_\_ of Research Degree Programme (Ph.D.) in the School of \_\_\_\_\_ Department of \_\_\_\_\_ has carried out/completed his/her Ph.D. research related work to satisfactory extent during the month of \_\_\_\_\_. He/She may be paid scholarship for this month. The Amount of Scholarship claim has been entered at Page No. \_\_\_\_\_ of the Fellowship Register. The claim is verified for the payment of Rs. \_\_\_\_\_ and forwarded to Finance Officer for necessary action. It is also certified that the claimant is not receiving any Scholarship/Fellowship from any source other than CUHP, Dharamshala.

**Supervisor/Teacher**

The Scholarship/Fellowship payable to the claimant is verified & Sanctioned under Sr. No. 52 of the delegation of the financial powers vide Ordinance No. 36 of the University.

Countersigned by:

**Head of the Department**

**Signature & Seal of the Dean of the School**