



Central University of Gujarat

Sector - 30, Gandhinagar 382 030

Student Fellowship Claim Form

F.No. 21-5/2014-Finance

Date:

Month of claim:

Name of Student: _____

Registration No.: _____

Course Code: _____ Course Title: _____

Name of the Fellowship: _____

Claim Period: _____

(Note: Only Current month should be claim, for arrear the claim should be submitted separately)

Amount of Claim: ₹. _____ (Rupees _____ only)

I hereby undertake that -

1. I am not in employment, either temporary or regular, and not drawing any kind of pay and allowances from any source for the period for which the fellowship is claimed.
2. I am fully aware that in case of employment, either temporary or regular, and consequently drawing pay and allowances from any source, I am not eligible to draw the fellowship from the University.
3. I hereby undertake to refund the money received in case it is found that I am not entitled for the same as per the University.

Account No.

Signature of Student
(With Date)

The above claim is recommended.

Signature
(With Date & Stamp)
Course Incharge

Signature
(With Date & Stamp)
Dean of the School

Verified by

Dealing Assistant: _____ Date: _____ Sign _____

Checked by:

S.O.(i/c)/A.O: _____ Date: _____ Sign _____

Passed for ₹. _____ (Rupees: _____)