



**Indira Gandhi Delhi Technical University For Women**  
(Established by Govt. of Delhi vide Act 09 of 2012)  
Kashmere Gate, Delhi-110006

**FINANCIAL ASSISTANCE TO FULL TIME PH.D. SCHOLARS**

**APPLICATION FORM**

<b>Enrolment No</b>	:	_____
<b>Name</b>	:	_____
<b>Address</b>	:	_____
<b>Date of Birth</b>	:	_____
<b>Program</b>	:	_____
<b>Branch</b>	:	_____
<b>Year of admission</b>	:	_____
<b>Name of the Supervisor</b>	:	_____
<b>Name of the Co-Supervisor (if any)</b>	:	_____
<b><u>Bank Account Details</u></b>		
<b>Account Number</b>	:	_____
<b>Beneficiary Name</b>	:	_____
<b>Bank Name</b>	:	_____
<b>Branch</b>	:	_____
<b>IFSC code</b>	:	_____

The information submitted by me is correct and if found false, disciplinary action may be taken as decided by the CA. The copy of mark sheet and scan copy of first page of Bank passbook is attached.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Place** \_\_\_\_\_ **Name of the Student** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_ **Signature with Date** \_\_\_\_\_



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**UNDERTAKING**

I \_\_\_\_\_ D/o \_\_\_\_\_ with enrollment no. \_\_\_\_\_ in program \_\_\_\_\_ admitted in batch \_\_\_\_\_ certify that, I am not receiving any scholarship/stipend/financial assistance etc. from any other source from \_\_\_\_\_ to \_\_\_\_\_ period. The information submitted by me is correct and if found false, disciplinary action may be taken.

I also undertake that I will not leave the course midway. In case, I leave the course in midway I will deposit the total Financial Assistance drawn by me from the University.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Place** \_\_\_\_\_

**Name of the Student** \_\_\_\_\_



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**Ph.D. FINANCIAL ASSISTANCE CLAIM FORM**

1. Name of the Scholar: \_\_\_\_\_
2. Enrolment No.: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Date of Joining the Ph.D.: \_\_\_\_\_
5. Period of last Financial Assistance claimed: \_\_\_\_\_
6. No. of Leaves during claim month..... Leaves Already Availed.....Balance of Leave....
7. Period for which Financial Assistance is claimed: \_\_\_\_\_
8. Amount of Financial Assistance claimed: \_\_\_\_\_

**Undertaking:** I hereby give an undertaking that I am not in receipt of any scholarship/stipend/financial assistance from any other source.

**Note:** Enclose the attendance sheet of the month of claim verified by Supervisor.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Place** \_\_\_\_\_ **Name of the Scholar** \_\_\_\_\_

**Name of Supervisor** \_\_\_\_\_ **Signature with Date** \_\_\_\_\_

**Contd. Page 2/-**

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**WORK PROGRESS REPORT**

**1. Publications (*attach supporting documents*)**

**(i) Journals:**

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**(ii) Conferences Publications**

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**(iii) Conferences /Workshops/Seminars etc Attended:**

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**2. Research Progress Outcomes (*attach supporting documents*)**

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**3. Contribution (*attach supporting documents*)**

**(i) Teaching Load**

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**(ii) Any other departmental Activities**

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**4. Contributions in the University/Department/Labs development**

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**5. Roadmap for the next three months**

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**Signature of Scholar**

**Contd. Page 3/-**

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**Progress Report of the Supervisor**

**(Please tick ✓)**

Satisfactory  Good   
Very Good  Excellent   
Unsatisfactory

**Remarks:**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Place** \_\_\_\_\_ **Name of the Supervisor** \_\_\_\_\_

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**Progress Report by the HoD**

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**(Please tick √)**

Satisfactory  Good   
Very Good  Excellent   
Unsatisfactory

**Remarks:**

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Place** \_\_\_\_\_ **Name of the HoD** \_\_\_\_\_