



ANNEXURE-III

UNIVERSITY OF ALLAHABAD

CONTINUATION CERTIFICATE

UGC Ref. / Student Id / NTA No.: _____

Name of the Scheme: _____

This is to certify that

Has continuously working in the Department in the

subject under the above scheme for the quarter from to

Signature

Signature

Signature

Signature

Date

Date

Date

Date

Name of the
Awardee

Guide/Supervisor

Head of the Deptt.
(Seal)

Registrar/ Director
(Seal)



UNIVERSITY OF ALLAHABAD

HALF YEARLY PROGRESS REPORT W.E.F. _____

UGC Ref. / Student Id / NTA No.: _____

Name of the Scheme: _____

1. Name of the Fellow:

2. Number and date of award letter

3. Detail of research:

a) Topic of research:

b) Is the Fellow working on the topic for the award of a doctorate degree?

c) If so, the date of registration with the university:

4. Date of commencement of research:

a) At the university:

b) Under the JRF in Science, Humanities & Social Sciences

5. Total number of working days during the period:

6. Number of days the Fellow remained on leave (with dates):

a) With Fellowship, number of days:

From to

b) Without Fellowship, number of days:

From to

7. Number of days the Fellow remained out of station for fieldwork/travel with dates and place visited:

a. Number of days from to

b. Places visited:

8. Number of days the Fellow remained present at the university/institution/college

9. Published during the period under report:

Title of the article/paper (Please enclose reprint of each):

10. Title of monograph written during the period under report

11. Teaching Work done during the period under report:

- a) Number of periods taken per week in graduate course
- b) Number of periods taken per Week under post graduate course

12. A detailed account of the Work done during the period (A separate sheet may be attached for the purpose)

13. Comments of the supervisor on the progress of the research Work during the period under report:

Signature

Date

**Name of the
Awardee**

Signature

Date

Guide/Supervisor

Signature

Date

**Head of the Deptt.
(Seal)**

Signature

Date

**Registrar/ Director
(Seal)**



ANNEXURE-IV

UNIVERSITY OF ALLAHABAD

FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY GRANTS AND THE UTILIZATION CERTIFICATE

UGC Ref. / Student Id / NTA No.: _____

Name of the Scheme: _____

1. Name of the Awardee:

2. Code number:

3. Name of the scheme under which he/she is working:

4. Period for which the account of contingency grant relates:

5. Expenditure: From _____ to _____

Amount _____ Dated _____

a) Books and allied items:

b) Typing (Tracing & ammonia printing):

c) Stationery:

d) Postage:

e) Chemical & electrical goods:

f) Travel/field Work:

6. Period for which the contingency grant is payable

Certified that the expenditure of Rs. (Rupees _____

_____) out of the contingency grant of Rs. _____

made available to the fellow through Bank under the UGC scheme in respect of _____

has been utilized for the purpose for which it was sanctioned in accordance with the terms and conditions

laid down by the University Grants Commission.

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Signature

Signature

Signature

Date

Date

Date

Date

**Name of the
Awardee**

Guide/Supervisor

**Head of the Deptt.
(Seal)**

**Registrar/ Director
(Seal)**

N.B.: For any correspondence in this regard, the Commission 's letter number and date may please be quoted without fail.



UNIVERSITY OF ALLAHABAD

HRA CERTIFICATE

Name of the Scheme: _____

CERTIFICATE NO. 1

Certified that Mr./Ms. is paying house rent of Rs. and is eligible to draw House Rent Allowance @ Rs. as per University rules w.e.f.

Registrar/Director

OR

CERTIFICATE NO. 2

Certified that Mr./Ms. is staying independently and, therefore, is eligible to draw House Rent Allowance @ Rs. minimum admissible to a lecturer as per University rules.

Registrar/Director

OR

CERTIFICATE NO. 3

Certified that Mr./Ms..... Has been provided accommodation in the hostel. But he/she could not be provided with single seated flat type accommodation as recommended by the Commission. Hostel fee @ Rs. per month w.e.f. is being charged from him/her.

Registrar/Director

If, as a result of check or audit objection, some irregularity is noticed at later stage, action will be taken to refund, adjust or regularize the objected amount.

Table with 4 columns: Signature, Date, Name of the Awardee, Guide/Supervisor, Head of the Deptt. (Seal), Registrar/ Director (Seal)

N.B. For any correspondence in this regard, the Commission's letter number and date may please be quoted without fail.



ANNEXURE-II

UNIVERSITY OF ALLAHABAD

JOINING REPORT

JRF in Science, Humanities & Social Sciences

PASSPORT
SIZE
PHOTO

Name of Fellow: _____

National Eligibility Test Date (Attested Copy to be enclosed): _____

This is to certify thathas joined the Department of for doing (M.Phil/Ph.D.) in the subject of under the above scheme of the JRF in Science, Humanities & Social Sciences students of University Grants Commission with effect from (F.N./A.N.). He/She will be Provided with all necessary facilities during his/her tenure of award. The terms and conditions of the offer are acceptable to the awardee. His/her date of registration to the M.Phil/Ph.D. is for already registered candidate.

Also certified that fellow shall not accept /hold any emoluments paid or otherwise or receive emoluments, salary, stipend, etc. from any other source during the tenure of the award.

Signature	Signature	Signature	Signature
Date	Date	Date	Date
Name of the Awardee	Guide/Supervisor	Head of the Deptt. (Seal)	Registrar/ Director (Seal)

Contact No.:

e-Mail id:

Bank A/c No.:

IFSC Code:

MICR Code:

12-digit unique (aadhaar) number, if you have:



THREE MEMBERS ASSESSMENT COMMITTEE REPORT FOR UGRADATION FORM JRF TO SRF UNDER THE SCHEME OF JRF IN SCIENCES, HUMANITIES AND SOCIAL SCIENCES.

UGC Ref. No./Student Id/NTA: _____

Assessment for up gradation of Mr./Mrs. working as JRF at the Department/Centre of on completion of two years on date

CONSTITUTION OF THE COMMITTEE

(Name and Designation) _____

(One Outside Expert of Concerned Subject) _____

- 1.
- 2.
- 3.

Date of joining: _____

D. Phil. registration No.: _____

Date of meeting: _____

Time: _____

VENUE OF ASSESSMENT/INTERVIEW:

ASSESSMENT OF THE COMMITTEE

The Committee assessed the progress of the candidate through their presentation followed by the interview and recommended as follows (Satisfactory/Good/Very Good/Excellent) (Strike out whichever is not applicable)

In view of the outstanding/ very good/ satisfactory performance of the JRF, and also the fact that he/she has published work to his/her credit the committee makes the following recommendations.

Mr./Mrs/Ms may be up graded form JRF to SRF with effect from

Signature
Name
Date:
Supervisor

Signature
Name
Date:
Head of the Deptt.
(Seal)

Signature
Name
Date:
Dean R & D
(Seal)

Signature
Name
Date:
Outside Expert
(Seal)

