



# THE UNIVERSITY OF BURDWAN

*Office of the Secretary, Faculty Council (Arts, Com., Law, etc.)*

3<sup>rd</sup> Floor Composite Arts Building, Golapbag P.O.- Rajbati,

Dist.- PurbaBurdwan, Pin. -713104, West Bengal.

E-Mail: [secretary\\_arts@buruniv.ac.in](mailto:secretary_arts@buruniv.ac.in)

Website: [www.buruniv.ac.in](http://www.buruniv.ac.in)

No.: FC/PG(A)/ Non.NET/ Fellowship(3<sup>rd</sup> Phase)/Ph. D./Contd./362

Date: 22.01.2019

## Notification

This to notify for all the students of Ph. D. Programme-2017 under Faculty Council (Arts etc.), who have got themselves admitted on or after 01.04.2017 and enjoying Swami Vivekananda Merit Cum Means Scholarship (Non-NET Fellowship) from the Higher Education Department, Government of West Bengal (3<sup>rd</sup> Phase), are directed to submit the following documents to the office of the undersigned by **03.02.2019** positively.

### Documents to be submitted

- I. Utilization Certificate
- II. Continuation Certificate
- III. Certificate for claiming fellowship
- IV. Progress Report

The specimen copies of all the documents as prescribed by the Higher Education Department, Government of West Bengal are attached herewith.

Secretary

Faculty Council (Arts etc.)

Name of the University....., Department of .....

## **UTILIZATION CERTIFICATE**

Utilization Certificate and Claim Form for NET Ph. D./ NET LS/ M. Phil. Scholarship for the student who has received Swami Vivekananda Merit cum Means Scholarship for the period from ..... to.....vide NEFT No.....

It is Certified that the Grant has been utilized for which it was sanctioned and in accordance with the terms and conditions as laid down in G.O. No. 65-Edn(B)/5B-15/2017, dated 11.07.2017.

If as a result of check or Audit Objection, some Irregularities are noticed at later stage action will be taken to **refund, adjust or regularized** the objected amount.

Signature	<b>Signature</b>	Signature	Signature
Name	<b>Name</b>	Name	Name
Date	<b>Date</b>	Date	Date
<b>Name of Candidate</b>	<b>(Guide/supervisor)</b>	<b>Head of Deptt.</b>	<b>Registrar/ Director/ Principal</b>
<b>(Seal)</b>	<b>(Seal)</b>	<b>(Seal)</b>	<b>(Seal of University/ Institution / College)</b>

Name of the University....., Department of .....

**CONTINUATION CERTIFICATE**

**Non-Net Fellowship in Science, Humanities & Social Sciences**

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

Date

Date

Date

Name of the Candidate

Head of the Deptt.

Registrar/ *Awardee*  
Director/Principal

Name of the University....., Department of .....

PROGRESS REPORT W.E.F.: \_\_\_\_\_

1. Name of the Fellow:
  
2. Detail of research:-
  - a) Topic of research:
  - b) Is the Fellow working on the topic for the award of Ph. D. degree?
  - c) If so, the date of registration with the university:
3. Date of commencement of research:
4. Total number of working days during the period:
5. 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.....
6. 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:
7. Number of days the Fellow remained present at the university/institution/college:
8. Title of the article/paper published during the period under report:  
(Please enclose reprint of each)
9. A s hort account of the work done during the period ( A separate sheet may be attached for the purpose):
10. Comments of the supervisor on the progress of the research work during the period under report:

Signature	<b>Signature</b>	Signature	Signature
Name	<b>Name</b>	Name	Name
Date	<b>Date</b>	Date	Date
<b>Name of Candidate</b>	<b>(Guide/supervisor)</b>	<b>Head of Deptt.</b>	<b>Registrar/ Director/ Principal</b>
<b>(Seal)</b>	<b>(Seal)</b>	<b>(Seal)</b>	<b>(Seal of University/ Institution / College)</b>

Name of the University.....,

Department of .....

**CERTIFICATE OF CLAIMING SWAMI VIVEKANANDA MERIT CUM MEANS SCHOLARSHIP (NON-NET)**

Name of the Candidate	Subject	Pursuing Course of Studies (M. Phil./Ph.D.)	Date of Admission	Received Scholarship till the period of	Period of Claim of Scholarship	A/c No.	Bank Name & Address	IFSC Code

Signature

Signature

Signature

Date

Date

Date

Name of the Candidate

Head of the Deptt.

Registrar/ *Awardee*  
Director/Principal