



THE UNIVERSITY OF BURDWAN

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

3rd Floor Composite Arts Building, Golapbag P.O.- Rajbati,

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

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Website: www.buruniv.ac.in

No.: FC/PG(A)/ Non.NET/ Fellowship/M. Phil. & Ph. D./Contd./138

Date: 20.09.2019

Notification

This to notify for **all the students of M. Phil. and Ph. D. Programme under Faculty Council (Arts etc.)**, who have been admitted to the said programmes and enjoying Swami Vivekananda Merit Cum Means Scholarship (Non-NET Fellowship) from the Higher Education Department, Government of West Bengal, are directed to submit the following documents to the office of the undersigned **by 27.09.2019** positively.

Documents to be submitted

- I. Utilization Certificate (till 30.06.2019)
- II. Continuation Certificate (from 01.07.2019 to 30.09.2019)
- III. Certificate for claiming fellowship (Till 30.09.2019)
- IV. Progress Report (from 01.07.2019 to 30.09.2019)

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

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

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

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

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