



THE UNIVERSITY OF BURDWAN

Office of the Secretary, Faculty Council for P.G. Studies in Science

3rd Floor, Composite Arts Building, Golapbag

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Phone : 0342-2634975 **EPABX** Extn. 439 & 449

E-Mail: secretary_sc@buruniv.ac.in

No. FC(Sc.)/RS/MISC/2017-18/211

Date: 05.06.2018

NOTIFICATION

The candidates, admitted in M.A./M. Sc.:2016 who were selected for Indira Gandhi Single Girl Child Scholarship:2016-17 and submitted their Joining Report to the Office of the undersigned, are informed to submit the following documents to the same office:

1. Continuation Certificate-Annexure-II (seven copies-For the quarter from-JULY to SEPT-2016, OCT to DEC-2016, JAN to MAR-2017, APRIL to JUNE-2017, JULY to SEPT-2017, OCT to DEC-2017, JAN to MAR-2018 .)
2. Progress Report- Annexure- III (two copies-For the year ending 2016 and 2017.)
3. Mark sheet of the last semester examinations.

Sd/-

Secretary
Faculty Council (Sc.)

No. FC(Sc.)/RS/MISC/2017-18/211

Date: 05.06.2018

Copy Forwarded to:

1. Asst Registrar-I, B.U.
2. Secretary, Faculty Council (Arts. Com. Law etc.)
3. All H.o.D under Faculty Council (Sc)
4. All H.o.D under Faculty Council (Arts. Com. Law etc.)

Sd/-

Secretary
Faculty Council (Sc.)

**UNIVERSITY GRANTS COMMISSION
(SELECTION & AWARD BUREAU)
BAHADUR SHAH ZAFAR MARG
NEW DELHI-110002**

CONTINUATION CERTIFICATE

POST GRADUATE SCHOLARSHIP FOR SINGLE GIRL CHILD

This is to certify that _____
has been pursuing her post graduation in the Department _____
under the above scheme for the quarter from _____ to _____

Signature
Date
Name of the
Candidate

Signature
Name
Date
Head of
Department
(Seal)

Signature
Name
Date
Registrar/Director/Principal
(Seal of University/Institution
/College)

**UNIVERSITY GRANTS COMMISSION
(SELECTION & AWARD BUREAU)
NEW DELHI – 110 002**

PROGRESS REPORT FOR THE YEAR ENDING _____

1. Name of the Postgraduate Student:
2. UGC Award letter number and date:
3. Name of the course being undertaken:
4. Total number of teaching days during the year:
5. Number of days the student remained on leave (with dates):
 - a. With scholarship, number of days: from..... to.....
 - b. Without scholarship, number of days: from..... to.....
6. Number of days the student remained out of station for fieldwork/travel, with dates and places visited:
 - a. Number of days: from..... to.....
 - b. Places visited.....
7. Number of days the student remained present at the university/college:
8. Details of industrial training, if any undertaken during the year:
9. Comments of the Head of the Department on the evaluation of the studies of the student.
10. It is certified that the awardee has qualified the first year of her post graduate course with _____ percent marks / _____ CGPA score.

Signature
Name of the candidate
Date

Signature
Name
Date
Head of Department
(Seal)

Signature
Name
Date
Registrar/ Director /Principal
(Seal of University/Institution/College)

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