



# THE UNIVERSITY OF BURDWAN

## *Certificate of Claim Bill for CSIR Scholars*

Name in full (Block Letter) .....

Designation & Award No.....

Department.....

### Certificate for Research Scholar

*Progress and attendance of the scholar is satisfactory. The payment for the month of  
..... is recommended.*

Date :.....      Signature.....      Signature .....

**(Supervisor)**

**(HoD/TIC)**

**\*\*\*Must be submitted within 5<sup>th</sup> of every month.**

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