

Annexure-I

Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

“NATIONAL FELLOWSHIP FOR PERSONS WITH DISABILITIES” (NFPwD)	PHOTOGRAPH OF CANDIDATE
VERIFICATION FORM CUM JOINING REPORT FOR AVAILING FELLOWSHIP UNDER THE SCHEME	

1	NFPwD Selection Year	
2	Name of Scholar/Candidate	
3	Date of Birth	
4	Candidate ID	
5	12 digit unique AADHAAR Number	
6	Percentage of Marks obtained in PG Examination	
7	Year of passing of PG examination	
8	UDID Card Number	
9	Type of Disability as per the UDID	
10	Percentage (%) of Disability	
11	One Time Registration No. (OTR of NSP)	
12	Pursuing research for M.Phil or Ph.D or both	
13	Date of Admission	
14	Date of Registration of M.Phil/Ph.D	
15	Whether pursuing research through part-time/external/correspondence/open learning mode	
16	Whether engaged in any type of employment (part-time/ad-hoc/full time or any other)	
17	Registration Number for M.Phil./Ph.D	
18	Name of University where registered	
19	Name of Institution where pursuing research	
20	Name of Department	
21	Name and designation of GUIDE	
22	Whether received (earlier) or receiving any other fellowship/ scholarship/ monetary assistance from UGC or any other source for pursuing M.Phil/Ph.D. (If yes, give details)	
23	Topic of Research	
24	I hereby declare that each and every fact given above is true and correct. I also authorise UGC to recover any excess/wrong payment from me.	(signature of candidate) with name

Ministry of Social Justice and Empowerment
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CERTIFICATE BY THE INSTITUTION

1. Certified that all the facts/information given in the VERIFICATION FORM CUM JOINING REPORT FOR AVAILING FELLOWSHIP UNDER THE SCHEME (**Annexure-I**) as given by the candidate Mr./Ms. _____ has been verified and is found to be true and correct.
2. He/She is a full time and regular student of our institution.
3. It has been verified that the candidate is covered under 'Right to Persons with Disabilities Act- 2016'.
4. It is also verified that UDID and disability certificate has been issued by the medical authority notified for the purpose.
5. We have confirmed that name of the candidate as per the NFPwD award letter dated issued by the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, GoI.
6. As per our knowledge he/she has neither received nor receiving any other fellowship/scholarship/monetary assistance from any other source for pursuing M.Phil/Ph.D.
7. We understand that Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment will disburse the amount of fellowship directly to the account of candidate on the basis of information and details of candidate being confirmed (**Annexure-I & II**) by our institution.

Signature of candidate: Date:	Signature of Guide/ Supervisor Date: Seal:
Name:	Name:
	Designation:

Signature of Head of Department: Date: Seal:	Signature of Head of Institution: Date: Seal:
Name:	Name:
Designation:	Designation:

CONTINUATION CERTIFICATE

NATIONAL FELLOWSHIP FOR PERSONS WITH DISABILITIES

This is to certify that Mr/Ms. _____

Research scholar is pursuing MPhil/ Ph.D/ Integrated Ph.D as regular and full time scholar in the subject of _____ 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)**

HALF YEARLY PROGRESS REPORT

1. Name of the Fellow:
2. Award letter number and date:
3. Topic of research work:
4. Date of commencement of research: a) At the university:
b) Under the fellowship scheme:
5. Period of Progress Report:
6. Total number of working days during the period:
7. 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.....
8. Number of days the Fellow remained out of station for fieldwork/travel, with dates and places visited: a) Number of days: from..... to..... b) Places visited.....
9. Number of days the Fellow remained present at the University/Institution/ College:
10. Publications during the period under report (please enclose a reprint of each):Title of article/paper.
11. Teaching work done during the period under report: a) Number of periods taken per week at B.Sc./B.A level: b) Number of periods taken per week at M.Sc./M.A. level:
12. Title of the monograph written during the period under report:
13. A detailed account of the work done during the period (a separate sheet may be attached for the purpose):
14. Comments of the supervisor on the progress of the research work during the period under report:

Signature

Name

Date :

Name of the Candidate

Signature

Name

Date :

Head of the Deptt.

(Seal)

Signature

Name

Date:

Registrar/Director/Principal

(Seal of University/Institution/College)

FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY GRANTS AND THE UTILISATION CERTIFICATE

1. Name of Fellow:
2. Award letter number and date:
3. Name of the scheme under which she is working:
4. Period to which the accounts of contingency grant relates:
5. Expenditure From:to.....

Amount**Dated**

- A. Books and allied items:
- B. Typing:
- C. Stationery:
- D. Postage:
- E. Chemical and electrical/electronic goods:
- F. Travel/fieldwork:

Certified that the expenditure of Rs..... (Rupees.....
.....) out of the contingency grant of Rs
(Rupees) 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

**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

Name

Name

Name

Date :

Date :

Date:

Name of the Candidate

Head of the Deptt.
(Seal)Registrar/Director/Principal
(Seal of University/Institution/College)

H R A CERTIFICATE

1. Name of Scholars: _____

2. Award letter number and date: _____

3. Name of the Fellowship scheme: _____

4. Period for which HRA is claimed: _____

Certified that:

(A) the above mentioned scholars is paying house rent of Rs. per month and is eligible to draw House Rent Allowance @ Rs. per month

(B) the above mentioned scholars is staying independently and, therefore is eligible to draw House Rent Allowance @ Rs.per month, as per the Government of India norms.

(C) the above mentioned scholars has been provided accommodation in the hostel. Hostel fee Rs..... Per month w.e.f. is being charged from him/her.

(Strike out whichever is not applicable)

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

Name

Name

Name

Date :

Date :

Date:

Name of the Candidate

 Head of the Deptt.
(Seal)

 Registrar/Director/Principal
(Seal of University/
Institution/College)

THREE MEMBERS ASSESSMENT COMMITTEE REPORT FOR UPGRADATION FROM JRF to SRF UNDER THE SCHEME OF NATIONAL FELLOWSHIP FOR PERSONS WITH DISABILITIES.

Assessment for upgradation of Mr./Mrs. _____ Working as regular and full time research scholar at the Department of _____ at University/Institution/College _____ who has completed two years of research on date _____.

CONSTITUTION OF THE COMMITTEE

(Name and designation)

1. [1 Outside Subject Expert- other than same Univ./Instt./College]
2. [Supervisor of Research Scholar]
3. [Head of the Department]

Date of joining of scholar:

Ph.D. registration No.:

Date of meeting of Committee:

VENUE OF ASSESSMENT/INTERVIEW:

ASSESSMENT OF THE COMMITTEE

The Committee assessed the progress of the candidate through their presentation followed by interview. In view of the outstanding/very good/satisfactory performance of the NFPwD, and also the fact that he/she has published work to his/her credit, the committee makes the following recommendations. *(Strike out whichever is not applicable)*

Mr./Mrs./Ms. _____ may be upgraded from JRF to SRF with effect from _____.

Signature

Signature

Signature

Name

Name

Name

Supervisor

Head of Department
(Seal)

Registrar/ Director /Principal
(Seal of University/Institution/College)