UNIVERSITY OF CALCUTTA (Fellow ID Form) Form -A (Annex - I) (For Scholars & Fellows)

1.	Name	:				
2.	ID/Reg. No. (if Any)	:				
3.	Date Of Birth	: [DD/MM/YYYY]				
4.	Present Address	:				
5.	Permanent Address	PIN				
		PIN				
6.	Gender (v)	: Male Female				
7.	Contact No.	: Tel. Ph Mobile				
8.	Religion	:				
9.	Category (V)	: General SC ST OBC:1 OBC:2				
10. Physically Handicapped(v): Yes No						
11	. Student Category (V)	: Scholar Fellow Fellow				
12. Department/School/Centre Name:						
13	. Designation	:				
14. Project Description/Title :						

	15.1.	Project A/C No.:				
	15.2.	Branch Name:				
	15.3.	Bank Name :				
16	. Date Of Jo	ining :		[DD/MM/YYYY]		
17	. Date Of Te	ermination :		[DD/MM/YYYY]		
18. Name of Funding Agency:						
19. Sanction Number (if Any) :						
20. Name of supervisor/PI :						
21. Designation of the Supervisor/PI :						
22	. Departme	nt Of Supervisor/	PI:			
23	23. Scholarship/Fellowship Amount (Rs.):					
(If Applicable) 24. Bank Details of Scholar/Fellow (Should be CBS enabled branch) [Please attached a cancelled cheque]						
	24.1.	Bank A/C No. :				
	24.2.	Branch Name:	Branch Code	e (IFSC)		
	24.3.	Bank Name :				
En	dorsed:			Signature of Scholar/Fellow		

15. Bank Details of Project A/C

University of Calcutta Form - B (Annexure – II)

Format Regarding Bank Details of the Fellow / Scholar. (Should be a CBS Enabled Branch)

ANNEXURE-I

H.R.A. Certificate

Certificate No.1
Certified that Mr./Msis paying house Rent of
Rsand is eligible to draw house Rent
Allowance @ Rsas per University rules w.e.f.
Registrar
OR
Certificate No.2
Certified that Mr./Msis staying independently and, therefore, is eligible to draw House Rent Allowance of Rsminimum admissible to a lecture as per University rules w.e.f.
Registrar
OR
Certificate No.3
Certified that Mr./Mshas been provided accommodation in the hostel. However, he/she could not be provided with single-seated flat-type accommodation as recommended by the Commission. Hostel fee @Rsis being charged from him/her.

Registrar

If, as a result of a 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 of Awardee Head of Department Registrar/Principal/Director (seal) (Seal of University /Institution)

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