ANNEXURE-III

UNIVERSITYGRANTSCOMMISSIO
NBAHADURSHAH ZAFAR MARG
NEW DELHI –110002

SA-I SECTION

CONTINUATION CERTIFICATE

JRF 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 Awardee	Head of the Deptt.	Registrar/Director/Principal

ANNEXURE-VI

HRA CERTIFICATE

CERTIFICATE NO. 1

Certified that Mr./Ms. …….. is paying house rent of Rs. ……. and is eligible to draw House Rent Allowance @ Rs. ……. as per University rules w.e.f……..

Registrar/Director/Principal

OR

CERTIFICATE NO. 2

Certified that Mr./Ms. …… is staying independently and, therefore, is eligible to draw House Rent Allowance @ Rs. …… minimum admissible to a lecturer as per University rules.

Registrar/Director/Principal

OR

CERTIFICATE NO. 3

Certified that Mr./Ms……. Has been provided accommodation in the hostel. But he/she could not be provided with single seated flat type accommodation as recommended by the Commission. Hostel fee @ Rs. …… per month w.e.f. …… is being charged from him/her.

Registrar/Director/Principal

If, as a result of check or audit objection, some irregularity is noticed at 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 candidate	**Head of Deptt.**	**Registrar/Director/Principal**
	(Seal)	**(Seal of Univ./Institution/College)**

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

ANNEXURE-IV

UNIVERSITY GRANTS COMMISSION
SELECTION & AWARDS BUREAU
BAHADURSHAH ZAFAR MARG
NEW DELHI- 110 002.

FORM FOR SUBMISSION ACCOUNTS OF CONTINGENCY GRANTS AND UTILISATION CERTIFICATE W.E.F……

1.Name of Awardee :

2.Code Number :

3.Name of the scheme under which
He/she is working :

4.Period for which the account 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/ electronicsgoods :
f) Travel/field work :

6.Period for which the contingency
Grant is payable :

Certificate that the expenditure of Rs. …… (Rupees ……..

……..……) out of the contingency grant of

Rs……sanctioned vide Commission letter no. F…….. dated…….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 University Grants Commission for utilization of contingency grant.

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 (Seal)**	**Registrar/Principal/Director** **(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.

ANNEXURE- VII

THREE MEMBERS ASSESSMENT COMMITTEE REPORT FOR UPGRADATION FROM JRF TO SRF UNDER THE SCHEME OF JRF IN SCIENCE, HUMANITIES & SOCIAL SCIENCES

Assessment for Upgradation of Mr./Mrs._____JRF working at the Department of _____ of University/Institution/College _____ on completion of twoyears 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:

Ph.D. registration No.:

Date of meeting:

Time:

VENUE OF ASSESSMENT/INTERVIEW:

ASSESSMENT OF THE COMMITTEE

The Committee assessed the progress of the candidate through their presentation followed by interview and recommended as follows.

RECOMMENDATIONS
(Strike out whichever is not applicable)

In view of the outstanding / very good /satisfactory performance of the JRF, and also the fact that he/she has published work to his/her credit, the committee recommends that Mr./Mrs./Ms._____ _____ may be upgraded or not upgraded from JRF to SRF.

Signature	**Signature**	**Signature**
Name	**Name**	**Name**
Date	**Date**	**Date**
Name of the Supervisor	**Head of Department**	**Registrar/ Director /Principal**
(Seal)	**(Seal)**	**(Seal of University/Institution/College)**