

Ref. No.: CUJ/SCSTCell/Fellowship/08/2021...550

Date: 27th April, 2022

NOTICE

It is notified for information to all concerned research scholars that the following steps are required to be followed while processing the applications for fellowship from UGC-SFMP Portal (UGC-Canara Bank Fellowship Portal) i.e. <https://scholarship.canarabank.in> :-

1. Research Scholars shall initiate their confirmation on monthly basis at the SFMP Portal/Scholar's Corner for receiving their fellowship.
2. Research Scholars shall submit HRA certificate (format placed at Annexure –II) at Scholarship Section on monthly basis by 10th of every month for HRA approval.
3. Research Scholars shall submit Utilization certificate (format placed at Annexure-III) on quarterly basis by 10th day of every quarter for Contingency approval.
4. In the event of discontinuation of the course or in case of inadmissible leave rendering him/her not entitled for the fellowship, the Research Scholar will be responsible to intimate such position through supervisor and he/she will be liable to refund the amount of over-payment, if any, fellowship paid to him/her for the period beyond the date of such discontinuation, or for the period of inadmissible leave.
5. It is the responsibility of Research Scholar to initiate and complete the process of 'Stop Payment' or 'Discontinue' or 'Add Completion Certificate' as required on the SFMP Portal with intimation to the Scholarship Section.
6. Continuation Certificate :-
 - (a) NET-JRF, NFOBC & MANF fellowship awardee scholars shall submit Continuation certificate (format placed at Annexure – I) at Scholarship Section by 10th of every month for fellowship approval.

- (b) NFST fellowship awardee scholars shall submit Continuation certificate (format placed at Annexure-IV) at Scholarship Section on quarterly basis by 10th day of every quarter for fellowship approval.
- (c) NFSC fellowship awardee scholars shall upload undertaking certificate (format placed at Annexure-V) on SFMP Portal/Scholar's Corner on semester basis by 10th day of January/July for fellowship approval.

This is issued with the approval of Hon'ble Vice Chancellor.

Ujjawal Kumar
27/04/22
[ले. कमा. उज्ज्वल कुमार (से. नि.)]
[Lt Cdr Ujjawal Kumar (Retd.)]
उप कुलसचिव-II
Deputy Registrar – II

Distribution:-

1. All Concerned Research Scholars

Copy to:-

1. All Deans of Schools
2. The Controller of Examinations
3. The Librarian
4. Director – IQAC/ Dean-Acad. Affairs/ Dean R&D Cell/DSW
5. All Heads/Coordinators of Departments
6. All DRs/ARs
7. PS to Vice Chancellor/PS to Registrar/PS to Finance Officer
8. Technical Cell for University Website
9. Notice Board/ Concerned file/ Guard File

Annexure - I

CONTINUATION CERTIFICATE

UGC Ref. No./ Student Id. : -----

Name of the Scheme : -----

This is to certify that Mr. /Ms. -----is
continuously working in the department of -----under the supervision
of Dr. /Prof. -----under above scheme during the
Month of -----. His/her fellowship may be released for the month.

Note:-

- Attendance record should be verified by the Head of the Department for the above month.
- Tenure of fellowship is 5 year or date of thesis submission whichever is earlier.
- **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
Candidate**

Name :

Date :

**Signature
Supervisor**

Name :

Date :

Seal :

**Signature
Head of Department**

Name :

Date :

Seal :

Annexure - III

UTILIZATION CERTIFICATE

UGC Ref. No./ Student Id. :

Name of the Scheme :

1. Name of the Awardee:

2. Period for which the account of contingency grant relates: From _____ to _____

3. Expenditure Amount : Dated from _____ to _____

4. Amount :

- Books and allied items:
- Typing (Tracing & ammonia printing):
- Stationery:
- Postage:
- Chemical and electrical/electronic goods:
- Travel/field Work:

Certify 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 University Grants Commission.

Note:-

- **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
Candidate**

Name :

Date :

**Signature
Supervisor**

Name :

Date :

Seal :

**Signature
Head of Department**

Name :

Date :

Seal :

Annexure - II

HRA CERTIFICATE

UGC Ref. No./ Student Id. : -----

Name of the Scheme : -----

Claim for the Month : -----

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.

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.

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.

Note:-

- **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
Candidate**

**Signature
Supervisor**

**Signature
Head of Department**

Name :

Name :

Name :

Date :

Date :

Date :

Seal :

Seal :

Annexure- IV

CONTINUATION CERTIFICATE

**AWARD OF M.Phil./ Ph.D./ M.Phil.+ Ph.D. IN SCIENCES, ENGINEERING AND TECHNOLOGY,
HUMANITIES AND SOCIALSCIENCES**

UNDER THE SCHEME

NATIONAL FELLOWSHIP & SCHOLARSHIP FOR HIGHER STUDIES OF ST STUDENTS

(Being implemented by Ministry of Tribal Affairs, Govt. of India)

This is to certify that Mr./Mrs. _____ has been

continuously studying in the Department in the subject under the above scheme for the quarter

from..... to

Signature of Awardee

Head of Department

**Nodal Officer/Designated
Officer of the
University/College/Institute**

UNDERTAKING AND CONFIRMATION FOR DRAWING FELLOWSHIP

Name of Research Scholar	
UGC scholarship ID	
Claim for the cycle - January to June OR July to Dec. (Write name of cycle with year)	

DECLARATION AND UNDERTAKING BY RESEARCH SCHOLAR:

1. I certify that I am pursuing research work through full time and regular mode.
2. I understand that based on my claim on the portal, I will be receiving fellowship for six months, without monthly confirmation by my institution on the Portal.
3. During the period of six months, if at any stage, I am not eligible to receive fellowship or I leave the research, I will immediately mark the option on the Portal for stopping the further payments. I also undertake to inform my Guide/Supervisor and Nodal Officer to stop any further payment.
4. I understand and declare that I am liable to refund the excess amount of fellowship, if any, drawn by me. The Institution/UGC may seek refund or adjust any wrong/excess payment drawn by me or paid to me.
5. I also understand that penal action, as per prevailing law, may be taken against me. My institution may also initiate disciplinary action against me.

DECLARATION AND UNDERTAKING BY GUIDE/SUPERVISOR:

1. I certify that the above named research scholar is pursuing research through full time and regular mode under my supervision. At present, she/he is eligible to draw fellowship. I understand that she/he will be paid full fellowship for six months, as mentioned above, based on this declaration.
2. In case, if at any stage during next six months, she/he is not eligible to draw fellowship or leave the research, I undertake that I will immediately take action to stop further payments through the Nodal Officers (Maker and Checker) of our institution who have access to the UGC Canara Bank Scholarship Portal.

Signature of Student: Date:	Signature of Guide/ Supervisor Date: Seal:
Name:	Name:
Email ID:	Designation:

Signature of Head of Department: Date: Seal: Name: Designation:	Signature of Maker: Name: Designation:
	Signature of Checker: Name: Designation: