



THE UNIVERSITY OF KASHMIR

Hazratbal, Srinagar

Application form for the grant of Research Scholarship & Contingency

Faculty _____

M. Phil/Ph.D

1	Name	
2	Father's Name	
3	Permanent address	
4	Name of course pursuing	
5	Topic of Research	
6	Date of Registration as M. Phil/Ph.D. Programme	
7	Data of joining M. Phil/Ph.D. Programme	
8	Marks & percentage of Marks at MA/M.Sc /M.com level	
9	Grade obtained at M. Phil Degree	
10	Date of award of M. Phil Degree	
11	Whether applying for extension of Ph.D scholarship. If yes, please mention the exact period for which the scholarship already drawn. (attach copy of order thereof)	
12	Scholarship/fellowship drawn previously from the University/any other agency. (Exact period may be mentioned & attach copy of the thereof)	
13	Whether in receipt of scholarship/ Salary/ stipend from any other source /agency/ institution.	
14	Are you an employee, if so, indicate Department and kind of level Sanctioned. (Attach copy of order thereof).	

The above particulars are correct to the best of my knowledge and belief. If the information proved false, I shall be personally responsible for the consequence whatsoever.

Signature of the Scholar

For use of Department/Center

Report of the Supervisor /Co-Supervisor, if any

Supervisor

Co-Supervisor

Additional ₹ 20/- to be deposited with the form fee as cost of application form



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Recommendation of the Department Committee of the concerned Department/Director

Signature :-

1. _____ 2. _____ 3. _____

4. _____ 5. _____ 6. _____

Recommendations of Head of the Department/ Director of Centre/ Institution

- i. Recommendation for the Grant of research Scholarship & Contingency for _____ programme with effect from _____
- ii. The application Mr./Ms _____ is a bonafide research scholar of this Department/center/institute & his/her merit position is _____
- iii. The applicant is registered for the M.Phil/Ph. D Programme & his her Registration is valid from _____ to _____ (attach copy of Registration)
- iv. The scholar is not in receipt of any Scholarship/salary/stipend from any other source. Affidavit of the scholar to this effect duly Executed before the Ist class magistrate is enclosed.
- v. Scholarship is available in the Department and does not exceed the permissible limit as defined in the statues.

Date _____

Head/Director
(With seal)

Verification by the Academic Section

Mr./Ms _____

is registered scholar of M. Phil/Ph.D .programme. His/her registration is valid from _____ to _____ & is eligible for the award of research scholarship for the above period .

Deputy Registrar (Academic)

Recommendation of the Dean of the Faculty concerned.

Chief Accounts Officer

Dean with Seal/Signature

Format of the Affidavit to be Tested with the form on judicial paper of value & sworn in before first class Magistrate.

I _____ S/o _____

R/o _____ do hereby solemnly affirm & declare as under:-

- 1) That I am not Working in any Government/semi-Government/private organization.
- 2) That I am not receiving any scholarship/stipend/salary etc. from any Government/semi-government/Private organization.
- 3) That in case the above statement have been found incorrect by the university authorities, I shall be bound by the decision of the university authorities.

Verification

Deponent

Verified that the above contents of this affidavit are true and correct

Deponent