				Monthly Attend
Name o	f Fellowship/Scho	larship scher	ne:	
Name o	of the Department	(HPU):		
Sr. No.	Name of the Research Fellow	Fellow Designation (JRF/SRF)	NET Reference/File No.	Period of Fellowsh (For previous montl
				From (dd/mm/yyyy)
/Noto:	This cortificate must	ha submitted t	o the Finance Wing within <b>1st</b>	wook of avery month
(Note	inis certificate must	be submitted t	o the i mance wing within 13t	week of every month,
G .10				
	ed that: -	s heen prepare	ed on the basis of Grant-in-a	uid Claim Bills/Contin
	ent for office recor		ou on the outle of Grunt in t	ira Ciami Bino, Contin
(ii) The	aforesaid Research	Fellow(s) has	s/have regularly attended the	e office to pursue his/l
mp)				
	erson/Head of the	Department		

((	CSIR, NET-JRF, Any oth	er) (Note: S	Scholars list should b	oe prepared scher
nip/Scholarship n(s) only, if any)	month only)	Leaves without stipend, if any	Period of HRA (if applicable)	
To (dd/mm/yyyy)			From (dd/mm/yyyy)	To (dd/mm/yyyy)
failing which, the at	tendance/continuation will	be uploaded	d in the next month.)	
	/IID 4	.1		
uation certificates	/HRA certificates which a	ire prescribe	ed by the CSIR/UGC	from time to time
ner research work	and availed above mentio	ned davs of	leave during the mor	nth.

## PROFORMA ie-wise separetaly) Confirmatio n of supervisor Remark(s), If any concerned (YES/NO) and the same are retained by this