





दिल्ली कौशल एवं उद्यमिता विश्वविद्यालय DELHI SKILL AND ENTREPRENEURSHIP UNIVERSITY

(A State University Established under Govt. of NCT of Delhi Act 04 of 2020) HQ - DSEU Dwarka Campus, Sector 9, Dwarka, New Delhi-110077 Website: https://dseu.ac.in

<u>Teaching-cum-Research Fellowship Application Form for</u> Ph.D. Scholars

THE SCHOLLES					
1.	Name (in Block Letters) in Full:				
2.	Roll No.:				
3.	Department:				
4.	Date of Registration (DD/MM/YY):				
5.	Name of the Supervisor:				
6.	Name of the Co-Supervisor (if any):				
7.	Address for Communication:				
8.					
9.	No. of Leaves during last Financial Assistance claimed: Leaves Already Availed: Balance of Leave:				
10.	Period for which Financial Assistance is claimed:				
11.	Amount of Financial Assistance claimed:				
	Bank Account Details				
	Bank Account Details • Account Number:				
	Account Number:				
	Account Number: Beneficiary Name:				
	Account Number: Beneficiary Name: Bank Name:				
	 Account Number: Beneficiary Name: Bank Name: Branch: 				
	Account Number: Beneficiary Name: Bank Name: Branch: IFSC code: The information submitted by me is correct and if found false, disciplinary action may be taken as decided by the competent authority. The scanned copy of cancelled cheque/first page of bank				







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Undertaking

I D/o/S/o					
with Roll No batch of Ph.D. program, certify					
that, I am not receiving any scholarship/stipend/financial assistance etc. from any other source					
from period. The information submitted by me is					
orrect and if found false, disciplinary action may be taken.					
, 1					
I also undertake that I will not leave the course midway. In case, I leave the course in midway I will					
deposit the total Financial Assistance drawn by me from the University.					
deposit the total I maneral I solutinee drawn by the from the University.					
Place					
Date: Signature of the Scholar					
Approval of Research Academic Committee (RAC)					
(To be filled by Chairperson, RAC)					
The RAC in its meeting held on considered the progress in respect of					
Mr./Ms					
Approved / Rejected.					
Remarks (if any):					
Date: Signature of Chairperson, RAC:					







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Annexure I Work Progress Report

I. Public	ations (attach supporting documents)				
(i)					
(ii)	Conferences Publications:				
(iii)	Conferences/Workshops/Seminars etc	Attended:			
	rch Progress Outcomes (attach supporting				
•••••			•••••		
3. Contribution (attach supporting documents) (i) Teaching Load:					
(ii) A	any other departmental Activities:				
	butions in the University/Department/La	_			
5. Roadn	nap for the next six months:				
•••••			•••••		
Date and	Place:	Signature of Scholar:	•••••		
<u>Progress Report by the Supervisor</u>					
Remarks	□ Satisfactory	□ Unsatisfactory			
Date and	Place:	Signature of Supervisor:	••••••		