

Date: \_\_\_\_\_

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**REQUEST FOR ADVANCE TOWARDS FELLOWSHIP**

1. Name of the candidate: \_\_\_\_\_ ID No. \_\_\_\_\_ Department \_\_\_\_\_
2. Type of Fellowship and Funding Agency: \_\_\_\_\_
3. Advance Amount Requirement for the period ( \_\_\_\_\_ )  
Fellowship Rs. \_\_\_\_\_ @ \_\_\_\_\_ for \_\_\_\_\_ months.  
HRA Rs. . \_\_\_\_\_ @ \_\_\_\_\_ for \_\_\_\_\_ months.  
Contingency Expenses: Rs. \_\_\_\_\_  
Departmental Assistance: Rs. \_\_\_\_\_  
Total Rs. \_\_\_\_\_
4. Purpose of advance requirement with details:  
Meeting Salary Expenses  
Meeting Contingency Expenses  
HRA  
Advance in anticipation of release of first grant due to delayed release of funds by funding agency  
Details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Whether latest progress report has been submitted to Funding Agency/ AGSRD?  
\_\_\_\_\_
6. Likely date (time period) of receipt of funds from funding agency: \_\_\_\_\_
7. It is mandatory to attach the latest communication received by the student from Funding Agency regarding release of funds, to process this request.  
\_\_\_\_\_  
\_\_\_\_\_
8. Likely year of completion of Ph.D thesis : \_\_\_\_\_  
The settlement of the advance will be done on receipt of the money from agency.

Signatures of Student: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
(Kindly provide the mobile number to enable ARD to communicate with you for the urgent matters.)

Forwarded by Supervisor: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

**FOR ARD OFFICE USE ONLY**

- Whether any loan/advance has been sanctioned earlier to the same student?

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if so, whether funds received from concerned FA? \_\_\_\_\_

- Whether latest communication from Funding Agency regarding release of funds is attached? \_\_\_\_\_
- Whether first installment of grants has been received? \_\_\_\_\_ If yes, the current statement of receipts and expenditure of the project is enclosed.
- Whether Utilization Certificate(s) and Statement(s) of Accounts for preceding financial years have been submitted as per Funding Agency norms?

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**UNDERTAKING**

I ..... ID. No ----- declare that, once I / Institute receive the amount from the funding agency, I / Institute will refund / adjust the advance amount taken from the Institute.

Signature: -----

Date: -----

**Associate Dean, AGSRD**

**Approved/Not Approved**

**Dean- Administration**