

## ASSAM UNIVERSITY: SILCHAR

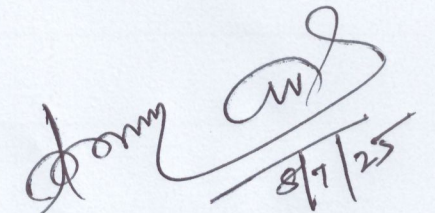
### NOTICE

No. AURW/13/03F/52/2023

Dated. 08 /07/2025

It is notified for information to all concerned that the form RF-1, RF-2 related to payment of Non-NET fellowship have been modified with immediate effect. All the HODs are now requested to forward modified RF-1 form seeking Non-Net fellowship by the scholar while admitted, form RF-2 claiming monthly fellowship may be retained in the department for records. Duly filled in form RF-4 in new format (attached) may be forwarded to Research & Fellowship Cell as consolidate statement as and when notified for payment of Non-Net fellowship.

This has the approval of the authority.

  
(Anup Kr. Verma)  
Research & Fellowship Cell



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(Application form for award of Non-NET fellowship)

Department : \_\_\_\_\_ School : \_\_\_\_\_

Programme : Ph.D : Full Time/ Part Time \_\_\_\_\_

1. Name (In block letters) : \_\_\_\_\_

2. Father’s name : \_\_\_\_\_

3. Religion : \_\_\_\_\_

4. Whether General/SC/ST/OBC : \_\_\_\_\_

5. Present Address : \_\_\_\_\_

\_\_\_\_\_

m. \_\_\_\_\_ e mail \_\_\_\_\_

6. Permanent Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. AU Regn.no. & Year : \_\_\_\_\_

8. Date of Admission in the Programme : \_\_\_\_\_

9. Ph.D enrolment no. : \_\_\_\_\_

10. Whether successfully completed the Course work (YES/NO) & date of Publication of result. : \_\_\_\_\_

11. Whether employed, if yes , name Of the organization : \_\_\_\_\_

12. (a)Whether drawing any Fellowship . If yes , name of the fellowship scheme : \_\_\_\_\_

(b)Date of joining, if the Fellowship scheme is Other than Non-NET. : \_\_\_\_\_

13. Bank A/C no. : \_\_\_\_\_

14. Bank name & Branch : \_\_\_\_\_

15. IFS code : \_\_\_\_\_

16. Present status of the research work : \_\_\_\_\_

The above information furnished by me is true to the best of my knowledge and belief. In the event of the information furnished are found to be incorrect or false, any action may be taken against me as per rule. Moreover, I do hereby undertake that I shall refund the entire amount of Non-NET fellowship if I discontinue the Ph.D programme.

Date : \_\_\_\_\_ Full signature of the Scholar

The name of the above mentioned scholar has been recommended & approved by the DRC for Non-NET fellowship in its meeting held on \_\_\_\_\_.

Signature of Supervisor Date : \_\_\_\_\_ Signature of the HoD With seal



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Declaration in regard to unemployment /Non-recipient of other fellowship for the month of \_\_\_\_\_20.....for obtaining UGC-AUS NON-NET fellowship.

(To be submitted by the scholar within 5<sup>th</sup> of every next month or as notified)

Name (In block letters) \_\_\_\_\_

Name of the Department \_\_\_\_\_

Contact no. \_\_\_\_\_

E mail address. \_\_\_\_\_

Name of the Supervisor /Co-supervisor \_\_\_\_\_

Date of Admission in Ph.D. course \_\_\_\_\_

Ph.D. registration/enrolment no.& Date \_\_\_\_\_

DECLARATION BY THE SCHOLAR

I do hereby declare that I am at present, not engaged in either full time or part time employment and not drawing any salary /remuneration / fellowship (other than UGC-AUS Non-NET) from any source. In the event of any change in my pecuniary status as stated above, I shall immediately bring it to the notice of the appropriate authority through proper channel. The information furnished by me is true to the best of my knowledge and belief. If the information furnished by me is found incorrect or false, any action may be taken against me as per rule.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Full signature of the Scholar

CERTIFICATION/RECOMMENDATION OF SUPERVISOR/CO-SUPERVISOR/IN-CHAERGE SUPERVISOR

In view of the above declaration I do herby certify that the above Ph.D. scholar is doing research work under my supervision and is eligible for UGC-AUS Non-NET fellowship for the month of \_\_\_\_\_20..... as per the provisions of UGC-AUS guidelines for fellowship.

Type of eligibility (Please tick)

- 1.Satisfactory performance in research work in the University ☐ 2. Research assignment in other place /institution for field work. ☐ 3. Pre-approved leave by Dean on recommendation of HOD. ☐

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature of supervisor  
/Co- supervisor/In-Charge supervisor  
Name \_\_\_\_\_



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Name of the Department :-

Monthly attendance report of the following Ph.D scholars for awarding Non-NET fellowship for the month of \*\_\_\_\_\_20

Sl. No.	Name of the Scholar	Enrolment no.	Date of admission	Types of eligibility ** (Please tick)			Name of the scholar who is going to submit thesis in the next month	Contact no.	E mail address	Remarks
1				(a)	(b)	(c)				
2				(a)	(b)	(c)				
3				(a)	(b)	(c)				
4				(a)	(b)	(c)				
5				(a)	(b)	(c)				
6				(a)	(b)	(c)				
7				(a)	(b)	(c)				
8				(a)	(b)	(c)				
9				(a)	(b)	(c)				
10				(a)	(b)	(c)				
11				(a)	(b)	(c)				
12				(a)	(b)	(c)				
13				(a)	(b)	(c)				
14				(a)	(b)	(c)				
15				(a)	(b)	(c)				

In view of the monthly declaration for non-employment & non-receipt of other fellowship submitted by scholars in the department and the certification / recommendation of concerned supervisors /co-supervisors / in charge supervisors , the above mentioned scholars are found eligible for awarding the aforesaid fellowship for the month as mentioned above .

Date:

Signature of HoD  
with seal

- N.B:- \*1. This form is to be used for single month only,
2. \*\*a) Satisfactory performance in research work in the University, b) Research assignment in other place / institution for field work,  
c) Pre-approved leave by Dean on recommendation of the HOD.