RF-2 (Non-NET)



ASSAM UNIVERSITY ::SILCHAR

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 5th 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 M.Phil/Ph.D _____ _____

M.Phil/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.

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 / M.Phil Scholar is doing research work under my supervision & 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. ☐

Remarks	

Date ____/____/____ **Signature of supervisor /Co- supervisor/In-Charge supervisor**

Monthly Attendance Report of the Ph.D /M.Phil scholar name _____ of the Department of _____for awarding UGC-AUS NON-NET fellowship for the month of _____20…..

Type of eligibility (Please tick). 1. He/ She was Attending the Course Work classes regularly (For course work period only) ☐ 2. Satisfactory performance in research work in the University ☐ 3. Research assignment in other place /institution for field work. ☐ 4. Pre-approved leave by Dean on recommendation of HOD ☐

Remarks	

Date ____/_____/_____

Signature of Head of the Department