

राष्ट्रीय प्रौद्योगिकी संस्थान कालीकट  
NATIONAL INSTITUTE OF TECHNOLOGY CALICUT  
शैक्षिक अनुभाग /Academics Branch

दूरभाष / Tel: 0495-228-6136

GA5/Ph. D General/2016

दिनांकित/ Dated 06.01.2017

सूचना / NOTICE

**Research Fellowship to Ph. D Scholars (General & Q.I.P. )  
admitted at NIT Calicut - Dec-2016 Batch Admissions –reg.**

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1. The Full Time Research Scholars admitted to Ph. D Programme -Dec 2016 who come under the Research Fellowship Scheme are directed to execute an under taking on a non-judicial Stamped Paper worth Rs. 100/- to enable them to draw the monthly Research Fellowship. The format is available in the website:

[www.nitc.ac.in](http://www.nitc.ac.in) –academic forms-research.

2. The undertaking duly completed in all aspects should reach the office of the undersigned on or before **31.01.2017**. While submitting the undertaking, the Scholars have also to execute a declaration in the format available in Academic Section. For receipt of fellowship, the stamped receipt along with the attendance up to 20<sup>th</sup> of every month has to reach on or before **22<sup>nd</sup>** of every month in the Academic Section.

3. The belated Attendance statements with stamped receipts will be considered for processing for the following month only. Part time scholars are not eligible for the stipend.

Sd/-

**अधिष्ठाता (शैक्षणिक) / Dean (Academic)**

प्रतिलिपि: अंग्रेजी सूची के अनुसार ।

Copy to:

1. All HODs,
2. Chief Warden
3. All notice boards in Depts. & Hostels

## **DECLARATION**

I..... (Roll No.....) doing the ..... Year, full time Doctoral Research Programme, do hereby declare that in case the implementation of the revision of fellowship as contained in Order F.No.17-2/2014-TS.I dated 18.02.2015 being paid to me is objected by any audit or any other competent authority on any ground, I shall immediately repay all the amounts received by me without any objection from me and/or it can be recovered/adjusted from the fellowship/any other amounts that may be due to me.

**Name**.....

**Roll No**.....

**Department**.....

**Date:**

**Signature**.....