Date of Application:

Name of the Student:

Roll No. Phone number:

Stipend claim / Additional Claim for the period (Month(s)-Year):

(Enter exact dates, if applicable)

**Reason for the (additional) claim**

* Change of leave type (LOP to Casual/Medical/Duty) - Provide details

* Improved my CGPA and it is above the minimum required for scholarship - Provide details
* Other reasons (Including category change, HRA status change, etc. - Provide details)

Necessary action may please be taken to rectify the same and release the balance amount to my account.

Name and signature of Student

Recommended and Forwarded by Recommended by

(Program Coordinator/ Thesis Supervisor) Head of Department.

*NB: The student shall fill the form correctly, get it verified by Program Coordinator/Thesis Supervisor, recommended by HOD and submit the same to Assistant Registrar Academic. The applications received till 15th of every month by AR’s office will be processed together by the section concerned.*