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**Indira Gandhi Delhi Technical University For Women**  
(Established by Govt. of Delhi vide Act 09 of 2012)  
Kashmere Gate, Delhi-110006

**GUIDELINES FOR**  
**FINANCIAL ASSISTANCE TO FULL-TIME Ph.D. SCHOLARS**  
**(THE ACADEMIC YEAR 2021-22 ONWARDS)**

**1. OBJECTIVES OF THE SCHEME:**

To provide Financial Assistance to Full time Ph.D. Scholars of IGDTUW who are not in receipt of any kind of Financial Assistance (i.e. JRF Scholarship/Stipend etc.) from any source.

**2. AMOUNT OF ASSISTANCE:**

The Financial Assistance of an amount of Rs.10,000/- per month will be awarded to the Full Time Research Scholars registered in various branches in IGDTUW.

**3. DURATION OF THE SCHEME:**

The maximum duration of the Financial Assistance will be five years from the date of admission or till the completion of Ph.D., whichever is earlier subject to the fulfillment of eligibility criteria and terms and conditions.

**4. ELIGIBILITY FOR FINANCIAL ASSISTANCE:**

All full time Ph.D. scholars who are not in receipt of any scholarship/stipend/financial assistance from any other source.

**5. TERMS AND CONDITIONS:**

- i. Full time Ph.D. scholars are required to submit their application form (**Annexure-I**) to the Dean(R&C) duly verified and recommended by the concerned HoD and Supervisor within two weeks of the commencement of the 1<sup>st</sup> semester.
- ii. The Ph.D. scholar shall submit an undertaking (**Annexure-II**) that she is not in receipt of any other regular Financial Assistance/Scholarship/Stipend from any other source.
- iii. In case any Research Scholar receives any Financial Assistance from any other organization during the tenure of course, with due permission of the University, the scholar will not be entitled for the Financial Assistance for that duration.
- iv. The Ph.D. scholar has to submit an undertaking that she will not leave the course of study midway failing which the total scholarship drawn by her shall be recovered by the University. (**Annexure-II**)
- v. The Financial assistance can be discontinued at any time for any kind of misconduct by the Ph.D. scholar, like involvement in the act of ragging, misbehavior etc.

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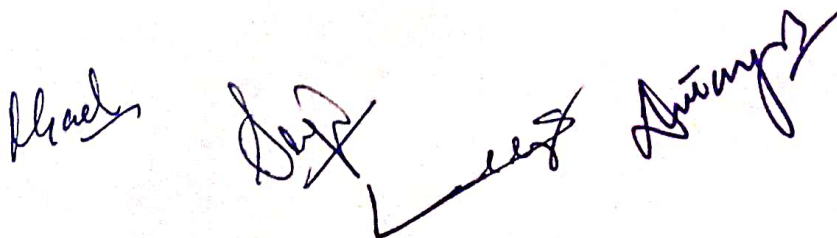
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- vi. The Ph.D. scholars receiving the Financial Assistance have to contribute 4-6 hours per week in the conduct of lab classes, support to HoD in carrying out departmental development activities or any other work assigned by the HoD.
  - vii. The Financial Assistance will be granted to the scholar on a quarterly basis subject to the satisfactory academic performance and adherence to University norms/rules and regulations as applicable from time to time, certified by the Supervisor and Head of the Department.
  - viii. Full-time scholars are not entitled to House Rent Allowance (HRA) or any other benefits under this scheme.
  - ix. If a scholar drawing Financial Assistance from the University leaves her course of study mid-way without undertaking proper formalities with regard to cancellation of admission laid down by the University Ordinance and Regulations, the total fellowship drawn by her until that point of time shall be recovered from her by the University.
  - x. The Financial Assistance Claim form as per **Annexure-III** duly signed by the Supervisor and approved by the HOD is required to be submitted for disbursement of Financial Assistance.
  - xi. Financial Assistance will be cancelled immediately on account of any of the following condition:
    - On misconduct/misbehavior/involvement in the act of ragging etc.
    - Unsatisfactory progress report and recommendation of cancellation by the HoD.
    - Submission of any misleading information by the scholar.
    - Unauthorized absence/not fulfilling the attendance criteria.

6. **Leave Entitlement:**

- i. A Scholar will be entitled to avail leave for 30 days per academic year including medical leave. She will not be entitled to summer and winter vacations.
- ii. Leave beyond the stipulated period in an academic year may be granted in exceptional cases, by the DRC for additional 30 days, on recommendation of Supervisor. However, such an extension shall be granted only once during the entire programme of the Scholar.
- iii. The Scholar will be eligible for Maternity Leave with fellowship as per rules and regulations prescribed by Govt. of NCT of Delhi.
- iv. Participation by Scholar in any scientific event/workshop in India or abroad will be treated as 'Duty'.
- v. All leave record of Ph.D. Scholars shall be maintained by the HOD office.

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**FINANCIAL ASSISTANCE TO FULL TIME PH.D. SCHOLARS**

**APPLICATION FORM**

Enrolment No	:	_____
Name	:	_____
Address	:	_____
Date of Birth	:	_____
Program	:	_____
Branch	:	_____
Year of admission	:	_____
Name of the Supervisor	:	_____
Name of the Co-Supervisor (if any)	:	_____
<b><u>Bank Account Details</u></b>		
Account Number	:	_____
Beneficiary Name	:	_____
Bank Name	:	_____
Branch	:	_____
IFSC code	:	_____

The information submitted by me is correct and if found false, disciplinary action may be taken as decided by the CA. The copy of mark sheet and scan copy of first page of Bank passbook is attached.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Place \_\_\_\_\_ Name of the Student \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Signature with Date \_\_\_\_\_

Name of the HoD \_\_\_\_\_ Signature with Date \_\_\_\_\_

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Branch \_\_\_\_\_ : \_\_\_\_\_

Year of admission \_\_\_\_\_ : \_\_\_\_\_

Name of the Supervisor \_\_\_\_\_ : \_\_\_\_\_

Name of the Co-Supervisor  
(if any) \_\_\_\_\_ : \_\_\_\_\_

**Bank Account Details**

Account Number \_\_\_\_\_ : \_\_\_\_\_

Beneficiary Name \_\_\_\_\_ : \_\_\_\_\_

Bank Name \_\_\_\_\_ : \_\_\_\_\_

Branch \_\_\_\_\_ : \_\_\_\_\_

IFSC code \_\_\_\_\_ : \_\_\_\_\_

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Date \_\_\_\_\_ Signature \_\_\_\_\_

Place \_\_\_\_\_ Name of the Student \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Signature with Date \_\_\_\_\_

Name of the HoD \_\_\_\_\_ Signature with Date \_\_\_\_\_

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**FINANCIAL ASSISTANCE TO FULL TIME PH.D. SCHOLARS**

**UNDERTAKING**

I \_\_\_\_\_ D/o \_\_\_\_\_ with enrollment no. \_\_\_\_\_ in program \_\_\_\_\_ admitted in batch \_\_\_\_\_ certify that, I am not receiving any scholarship/stipend/financial assistance etc. from any other source from \_\_\_\_\_ to \_\_\_\_\_ period. The information submitted by me is correct and if found false, disciplinary action may be taken.

I also undertake that I will not leave the course midway. In case, I leave the course in midway I will deposit the total Financial Assistance drawn by me from the University.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Place \_\_\_\_\_ Name of the Student \_\_\_\_\_

*Handwritten signatures:*  
1. *Madhvi*  
2. *Shikha*  
3. *Leena*  
4. *Shruti*



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Date \_\_\_\_\_ Signature \_\_\_\_\_  
Place \_\_\_\_\_ Name of the Student \_\_\_\_\_

*Hand*      *Signature*      *Signature*



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**Ph.D. FINANCIAL ASSISTANCE CLAIM FORM**

1. Name of the Scholar: \_\_\_\_\_
2. Enrolment No.: \_\_\_\_\_
3. Department: \_\_\_\_\_
4. Date of Joining the Ph.D.: \_\_\_\_\_
5. Period of last Financial Assistance claimed: \_\_\_\_\_
6. No. of Leaves during claim month..... Leaves Already Availed.....Balance of Leave....
7. Period for which Financial Assistance is claimed: \_\_\_\_\_
8. Amount of Financial Assistance claimed: \_\_\_\_\_

**Undertaking:** I hereby give an undertaking that I am not in receipt of any scholarship/stipend/financial assistance from any other source.

*Note: Enclose the attendance sheet of the month of claim verified by Supervisor.*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Place \_\_\_\_\_ Name of the Scholar \_\_\_\_\_

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## WORK PROGRESS REPORT

1. Publications *(attach supporting documents)*

(i) Journals:

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(ii) Conferences Publications

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(iii) Conferences /Workshops/Seminars etc Attended:

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2. Research Progress Outcomes *(attach supporting documents)*

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3. Contribution *(attach supporting documents)*

(i) Teaching Load

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(ii) Any other departmental Activities

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4. Contributions in the University/Department/Labs development

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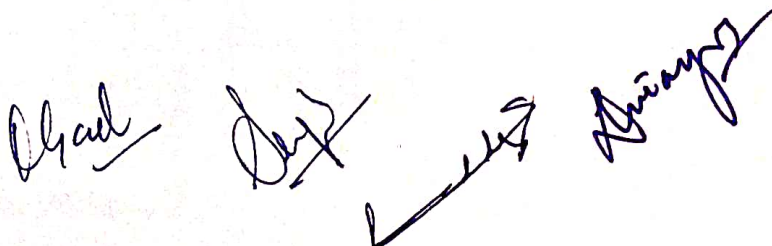
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5. Roadmap for the next three months

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Signature of Scholar



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### Progress Report of the Supervisor

(Please tick ✓)

Satisfactory

Good

Very Good

Excellent

Unsatisfactory

Remarks:

Date \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Name of the Supervisor \_\_\_\_\_

### Progress Report by the HoD

(Please tick ✓)

Satisfactory

Good

Very Good

Excellent

Unsatisfactory

Remarks:

Date \_\_\_\_\_

Signature \_\_\_\_\_

Place \_\_\_\_\_

Name of the HoD \_\_\_\_\_

*Paul* *Sup* *Lee* *Quincy*