

ENGLISH AND FOREIGN LANGUAGES UNIVERSITY HYDERABAD 500 007

Application for UGC Non-NET Fellowship (1 August 2017 — 31 January 2018)

Name of the Programme: **Ph.D**. (.....)

1.	Name	
	Contact No.	
	E-mail Id	
2.	Date of	
	Registration/Semester	
3.	Whether in receipt of any	
	scholarship/ Financial	
	Assistance from any source,	
	if so, details	
4.	Are you living in the	
	University hostel?	
5.	Permanent Address with	
	Phone No.	
6.	No Dues from	
	1. CoE's Office	
	2. Hostel	
	3. Finance & Accounts	
	4. Department	
7.	Aadhar Card Details	
8.	Any Disciplinary action	
	taken (Signature of the	
	Proctor should be obtained)	

Signature of the Research Scholar

Recommendations of the Scholl Dean/Head of the Department

Signature of the School Dean/HoD



ENGLISH AND FOREIGN LANGUAGES UNIVERSITY HYDERABAD 500 007

Bond Executed by the Research Scholar before drawing of UGC NON-NET Fellowship

Ι	 	,	Son/	Dau	ghter	of	
	 		R	esident	of		
	 and	student	of	Ph.D.(•••••)

programme at English and Foreign Languages University do hereby solemnly state as

follows:

- 1. I have been granted by the authorities of EFL University, Hyderabad a UGC Non-NET Fellowship of Rs.8,000/- (Rupees eight thousand only) per month w.e.f.
- 2. I am a full-time student of the Ph.D. programme.
- 3. Currently I am not employed anywhere and am not in receipt of any other fellowship/scholarship. If any other scholarship is offered to me I will opt for only one of the scholarships and inform the authorities of the University accordingly. I shall inform the authorities of the EFL University if I take up any job/to get RGNF/MANF from UGC and I will surrender the UGC Non NET fellowship awarded to me.
- 4. I understand that the fellowship is co-terminus with my registration period or tenable until I submit the dissertation, whichever is earlier. Further, I understand that the fellowship will be granted to me as long as UGC continues the Scheme.
- 5. I shall submit a Progress Report at the end of every semester through my Supervisor and the School Dean concerned.
- 6. I also understand that the fellowship offered to me will be withheld if the Progress Report is not submitted at the end of every semester.
- 7. I authorize the authorities of the University to collect Hostel dues if any, out of the fellowship being paid to me.
- 8. I understand that the fellowship for the last month of the tenure will be paid on production of a No Dues Certificate.

Signature of the Research Scholar

Witness:

1.

(Signature, Name & Course)

My Bank Account Number

Dean (Research)