

**UNIVERSITY GRANTS COMMISSION**

**ANNEXURE - I**

**Date of Receipt of Proposal by the College**

**Application form for Teacher Fellowship under the Scheme of**

**Faculty Development Programme'**

(The form must be filled in carefully. An incomplete form is liable to be rejected)

1. Name (IN BLOCK LETTERS) Mr. /Ms: \_\_\_\_\_

2. Name of the Institution and address where employed at present: \_\_\_\_\_

\_\_\_\_\_

Tel. No with STD code \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Male/Female

5. Whether belonging to SC/ST/OBC(Non Creamy Layer)/Minority/Physically Challenged:

\_\_\_\_\_

6. Permanent Home Address: \_\_\_\_\_

\_\_\_\_\_

7. Whether the teacher wants to do M. Phil. or to complete Ph.D \_\_\_\_\_

8. Service particulars:

i Date of appointment: \_\_\_\_\_

ii Date of confirmation: \_\_\_\_\_

(or appointment on regular basis in case of Govt. Colleges)

9. i. Name of the Institution where admission to M.Phil. is sought/ the research work leading to Ph.D. degree is proposed to be undertaken \_\_\_\_\_
- Tel No with STD code \_\_\_\_\_ Fax: \_\_\_\_\_
- E-mail: \_\_\_\_\_
- ii. Name of the Department: \_\_\_\_\_
- Tel. No: \_\_\_\_\_ Fax: \_\_\_\_\_
- E- Mail \_\_\_\_\_
10. (a). Subject/ Area of M.Phil and/ or research work for Ph. D.: \_\_\_\_\_
- (b). Extent of Ph.D. research work already completed and the time required to finish the rest: \_\_\_\_\_
- 11 Name and designation of the Supervisor with whom the research is proposed to be undertaken \_\_\_\_\_
- 12 Date of admission to M.Phil / Registration for Ph.D.: \_\_\_\_\_
13. Any other information relevant to the research work leading to Ph.D. Degree, including details of research papers presented / published: \_\_\_\_\_

\_\_\_\_\_  
Signature

Name in Block letters: \_\_\_\_\_

Designation: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

**UNDERTAKING**

**I hereby declare** that I have read the rules regarding the award of Teacher Fellowship under ‘Faculty Development Programme’ of the University Grants Commission and, in the event of the fellowship being awarded, I undertake to engage myself whole time for the work on the subject under the guidance of the Research Supervisor/ Guide during the tenure of the fellowship. In the event of my failure to submit M.Phil /Ph.D. thesis within the tenure of Teacher Fellowship <sup>#</sup>, I shall refund the entire amount paid to me by the UGC

I, further declare that, to the best of my knowledge and belief, the particulars given in the form are correct.

Signature of Teacher  
(Applicant)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Principal  
(SEAL)

Name of the College: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**# Extendable under special circumstances by six months.**

**UNIVERSITY GRANTS COMMISSION**

**ANNEXURE-II**

**UNDERTAKING TO BE GIVEN BY THE INSTITUTION WHERE THE  
TEACHER IS EMPLOYED**

The College hereby undertakes to protect the total emoluments of the teacher for the period of his/ her academic leave and also to give him/ her necessary increments as and when due. The College further undertakes to protect the seniority and other benefits being enjoyed by the teacher.

Certified that the applicant is a permanent teacher of the College/ appointed on a regular basis (in case of Govt. College)

Certified that the applicant is not receiving any financial assistance/ fellowship/ scholarship from any other source (except salary from the college)

Signature of Principal

(SEAL)

Name of the College: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**UNIVERSITY GRANTS COMMISSION**

**ANNEXURE-III**

**CERTIFICATE TO BE GIVEN BY THE INSTITUTION WHERE THE  
TEACHER IS REGISTERED FOR M.Phil. / Ph.D.**

It is certified that necessary facilities will be provided to \_\_\_\_\_  
(Name of the Teacher Fellow) in pursuit of his/ her research leading to M.Phil. / Ph.D.  
Degree.

\_\_\_\_\_  
Signature of Supervisor / Research Guide

\_\_\_\_\_  
Signature of the Head of the Department

\_\_\_\_\_  
Signature of Registrar/Principal with SEAL

Name of the University/ College: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

**UNIVERSITY GRANTS COMMISSION**

**ANNEXURE-IV**

**Joining Report**

**Faculty Development Programme – Teacher Fellowship**

This is to certify that Mr. / Ms. \_\_\_\_\_ who has been working as a teacher \_\_\_\_\_ (specify designation) in College \_\_\_\_\_ joined the Department of \_\_\_\_\_ at \_\_\_\_\_ (FN/ AN) and is working for his/ her research under the guidance of \_\_\_\_\_. He/ She has been admitted to M.Phil. course / registered for Ph.D on \_\_\_\_\_.

The teacher concerned has incurred an actual expenditure of Rs. \_\_\_\_\_ as \_\_\_\_\_ class rail/ bus fare on travel from \_\_\_\_\_ to \_\_\_\_\_ University/ Institute. The class in which he/ she has travelled is admissible according to College/ Institution rules. The distance between parent institution and research centre is \_\_\_\_\_ kilometers.

The University / College / Institution needs an amount of Rs. \_\_\_\_\_ towards his/ her contingent grant of Rs. 15,000/- for meeting contingency expenditure for one year from his/ her date of joining.

---

Signature of Research Guide (SEAL)

---

Signature of Principal  
(Parent Institution) (SEAL)

**UNIVERSITY GRANTS COMMISSION****Proforma for submitting Accounts of Contingency and Utilisation Certificate**

- 1 Name of the Teacher Fellow:
- 2 Name of the College where employed
- 3 No. and date of UGC letter under which award was made
- 4 Period to which the account of Contingency grant relates

Certified that the expenditure of Rs. \_\_\_\_\_ Rupees \_\_\_\_\_) as mentioned above out of the contingency grant of Rs. 15,000 / sanctioned vide Commission's letter No.F. \_\_\_\_\_ dated \_\_\_\_\_ in respect of \_\_\_\_\_ has been utilised for the purpose for which it was sanctioned and in accordance with the terms and conditions laid down by the University Grants Commission for utilisation of contingency grant.

If as a result of check or audit objection some irregularity is noticed at a later stage, action will be taken to recover/ adjust the objected amount.

<b><u>Expenditure on each item</u></b>		
<b>Expenditure</b>	<b>Amount.....</b>	<b>Date</b>
i.		
ii.		
iii.		
iv.		
v.		
vi.		
<b>Total :-</b>		

\_\_\_\_\_  
(Signature of Teacher Fellow)

\_\_\_\_\_  
(Signature of Principal)  
(Parent Institution) (SEAL)

\_\_\_\_\_  
(Signature of Research Guide)  
(SEAL)

\_\_\_\_\_  
(Signature of Chartered  
Accountant / Statutory  
Auditor) (SEAL)

**The Utilisation Certificate should be sent to the Institution where the teacher was working before joining as a Teacher Fellow for onward transmission to the UGC. The same may be signed by the Principal of the Parent Institution before sending to the UGC.**