



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली
NATIONAL INSTITUTE OF TECHNOLOGY DELHI
(An Autonomous Institute under the aegis of Ministry of HRD, Govt of India)
IAMR Campus, Sector A-7, Institutional Area, Delhi – 110040, INDIA
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Monthly Stipend Form of Ph.D.

Date: ___/___/___

Name of the Student _____

Roll NO. _____

Department _____

Period of which stipend is claimed

Form _____ To _____

DD/MM/YY DD/MM/YY

TA Load Allotted _____ Hours / Week.

Details of TA work assigned

Sr. No.	TA Work Allotted	Report of the Faculty Member, Whether TA duties are performed Sincerely Yes/NO	Mentor Faculty Name and Sign.	Remarks

Details of Bank Account

Name of Bank	Branch	Account No	IFSC Code

I have performed all the TA duties assigned to me for the aforesaid duration.

Signature of the Student: _____

Date: _____

(To be filled by Supervisor/DPGC convener)

The progress in Thesis/research work for the above duration is: Satisfactory/ Non- satisfactory

Leave Record	Leave availed during the period for which stipend is claimed	Total leave availed till date in this Academic Year	Remaining Leaves remaining in this academic Year

Leave Sanctioned to be student

a) With Stipend: _____

b) Without Stipend: _____

c) Nos. of days: _____

Attendance of _____ days is verified for above duration.

Signature of Supervisor

Signature of DPGC Convener

Name:
Date:

Signature of HOD

Name:
Date:

(For office Use)

Nos. of days for which Stipend is paid: _____

Entered in the register Page No. _____ Item No. _____ Amount (Rs.) _____ (Verified by Account section)

Office Assistant