



राष्ट्रीय प्रौद्योगिकी संस्थान दिल्ली  
NATIONAL INSTITUTE OF TECHNOLOGY DELHI  
(शिक्षा मंत्रालय, भारत सरकार के अधीन एक स्वायत्त संस्थान)

(An autonomous Institute under the aegis of Ministry of Education, Govt. of India)

Plot No. FA7, Zone P1, GT Karnal Road, Delhi-110036, INDIA

दूरभाष/Tele: +9111-33861000, 1001, 1005 फ़ैक्स/ Fax: +9111-27787503

वेबसाइट/Website: [www.nitdelhi.ac.in](http://www.nitdelhi.ac.in)

**Monthly Institute Fellowship Form for Post-Doctoral Fellow**

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

Name of Post-Doctoral Fellow \_\_\_\_\_

Name of the Department \_\_\_\_\_

Period of which fellowship is claimed From \_\_\_\_\_ To \_\_\_\_\_  
DD/MM/YYYY DD/MM/YYYY

Teaching Load Allotted \_\_\_\_\_ Hours / Week.

Details of Teaching work assigned

Sr. No.	Teaching Work Allotted	Report of the Faculty member, Whether teaching 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 teaching duties assigned to me for the aforesaid duration.

Undertaking:-

1. I undertake following from the date of my first registration in NIT Delhi \_\_\_\_\_
2. I am living in a rented house situated within municipal limits of \_\_\_\_\_ (Name of city/Town) and incurring some expenditure on rent/contributing towards rent.
3. The portion of accommodation in respect of which house rent Allowance is claimed has not been sub-let/has been sub-let and the monthly rent which is received is Rs\_\_\_\_\_ p.m.
4. I am Living in a house situated within municipal limits of \_\_\_\_\_(Name of city/Town) and owned by me/my wife/husband/ children/father/mother in which I am co-partner and pay/ contributing towards house or property tax or maintenance of house.
5. I am not living in the government accommodation provided by the Central Government, State Government or Autonomous Public Undertaking or Body or Corporation or Semi government organization such as Municipalities etc. to my wife/husband/ children/father/mother/brother/ sister.
6. I am not living in government accommodation which has been allotted to another government servant.
7. I will inform about any Change in accommodation / address to the institute immediately.
8. I will submit similar undertaking whenever I shift my residence.

Signature of the Post-Doctoral Fellow: \_\_\_\_\_

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

**(To be filled by Mentor)**

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

	Leave availed during the period for which stipend is claimed (Mention type of leave also)	Total leave availed till date in this Academic Year with type of leaves	Remaining Leaves remaining in this academic year
Leave Record			

Leave Sanctioned to be PDF

a) With Fellowship: \_\_\_\_\_

b) Without Fellowship: \_\_\_\_\_

c) Nos. of days: \_\_\_\_\_

Attendance of \_\_\_\_\_ days is verified for above duration.

Signature of Mentor

**Signature of HoD**

**Signature of Dean (R&C)**

Name:

Name:

Date:

Date:

**(For office use)**

Nos. of days for which fellow is paid: \_\_\_\_\_

Entered in the register Page No. \_\_\_\_\_ Item No. \_\_\_\_\_ Amount (Rs.) \_\_\_\_\_ (Verified by Account Section).

Office Assistant