आयुक्तालय कॉलेज शिक्षा, राजस्थान, जयपुर

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क्रमांकः एफ ७(४)वजट घोषणा/अकाद/आकाशि/2023-02802/173

दिनांक 16.08.2023

प्राचार्य, समस्त राजकीय महाविद्यालय, राजस्थान

> विषय:- NET/SLET सम्बन्धित बजट घोषणा (वित्तीय वर्ष 2023-24) के बजट मद एवं आवेदन पत्र बाबत्।

उपरोक्त विषयान्तर्गत NET/SLET फैलोशिप एवं कॉन्फ्रेस/सेमीनार/वर्कशॉप में भाग लेने हेतु आवेदन पत्र का प्रारूप आयुक्तालय, कॉलेज शिक्षा के वेबसाइट पर अपलोड किए जा चुके है। उपरोक्त बजट घोषणा का बजट मद निम्नानुसार है:-

2202-03-107-07-01-13

कृपया स्प्रेडशीट NET/SLET_BA2023 में अपडेशन की कार्यवाही प्राथमिकता से कराने का श्रम करावें। संलग्न- उपरोक्तानुसार।

प्रतिलिपि:-

- 1. निजी सचिव, आयुक्त, कॉलेज शिक्षा जयपुर।
- 2. संयुक्त सचिव, (ग्रुप-4), उच्च शिक्षा विभाग, शासन सचिवालय, जयपुर।
- 3. वेबसाईट प्रभारी, आयुक्तालय कॉलेज शिक्षा, जयपुर को अपलोड करने हेतु।
- 4. रक्षित पत्रावली

(डॉ.सीमा कश्यप) संयुक्त निदेशक(अकादमिक)

Signature yalid

Digitally signed by See na Kashyap Designation Associate Professor Date: 2023.08.16/1.50:02 IST Reason: Approver

RajKaj Ref No.: 4520988



Application Form

(To be submitted at College/University by the NET/SLET qualified registered Research Scholar)

- 1. Name of the Research Scholar:
- 2. Father/Mother Name:
- 3. Gender: Male/Female
- 4. Category (Tick whichever is applicable): SC/ST/MBC/OBC/EWS/General
- 5. Name of College/University Department:
- 6. Supervisor Name/Co-Supervisor Name:
- 7. Registration Date (proof to be attached):
- 8. Research title:
- 9. Communication Address of the Research Scholar:
- 10. Email & Mobile Number:
- 11. Account Number (copy of bank pass book to be attached):
- 12. Account Holder Name:
- 11. IFSC Details:
- 13. Bank Address:
- 14.Janaadhaar Number:
- 15. Declaration by the Research Scholar

Please affix a recent photograph

photo

I have gone through the guidelines of the scheme. I am not availing any other fellowship/financial assistance for this purpose from Central Govt./State Govt. or any other sources for conducting my research work. I shall abide by the terms and conditions mentioned in the guidelines. I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the fellowship guidelines, the fellowship sanctioned to me, may be cancelled and the entire amount of fellowship will be refunded by me or recovered from me, apart from liability for such penal action as warranted by law

Signature

(Name of the Research Scholar)

CONTINUATION CERTIFICATE

continuously b	een working	in the	departm	f the ent.	research He/She	scho	lar) has availed
	eaves in the m	onth	***********				
(Signature) Research Scholar	(Signature) Supervisor	(Signature) Principal	(Signature) HoD in case of University	(Sig	gnature) gistrar in ca	se of U	niversity
Date:	Date:	Date:	Date:	Da	ite:		

Application Form to be submitted by Research Scholar (For financial assistance to participate in Conference/Seminar/Workshop)

1. Personal Details of the Research Scholar

- a) Name of the scholar:
- b) Father/Mother Name:
- c) Gender: Male/Female
- d) Name of College/University Department:
- e) Stream of the student: Science/Commerce & Management / Humanities, Social Science & Liberal Arts
- f) Category (Tick whichever is applicable): SC/ST/MBC/OBC/EWS/General
- g) Communication address of the student:
- h) Email & Mobile Number:
- i) Registration Date (proof to be attached):
- j) Janaadhaar Number:

2. Details of Conference/Seminar/Workshop

- a) Name of Conference/Seminar/Workshop:
- b) Details of the organizing institution:
- c) Duration and dates:
- d) Invitation/Participation proof (Please attach copy of the email/letter issued by the program organizing institution):
- e) Registration Fees Detail (please attach proof):
- f) Details of financial support provided by the Organizing Institution (if any):

3. Declaration from the research scholar:

• I am not receiving/claiming financial support for participation in Conference/Seminar/Workshop from any other agency/organization, for expenses for which I am submitting my application. I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the guidelines, the financial support sanctioned to me, may be cancelled and the entire amount will be refunded by me or recovered from me, apart from liability for such penal action as warranted by law

Signature

(Name of the Research Scholar)

4. Supervisor/Co-Supervisor recommendation format

I recommend	Mr/Mswho i	s registered	as a re	search schol	ar under	my si	upervision
	College/University						
conference/sen	ninar/workshop at	(1	Name of t	he organizing	institution	n) from	to
(Duration	on). This will help Mr,	/Msacqi	uiring nev	w knowledge	which will	l be su	pportive in
	h work/career developm						

(Signature)

Name of the Supervisor/Co-Supervisor

Application form for reimbursement of expenses of participation in Conference / seminar / workshop (To be submitted by research scholar)

- 1. Name of the scholar:
- 2. Registration Date (proof to be attached):
- 3. Account Number: (attach bank pass book copy):
- 4. Account Holder Name:
- 5. IFSC Details:
- 6. Bank Address:
- 7. Janaadhaar Number:
- 8. Details required for reimbursement for participation in Conference / Seminar/ Workshop
- A. Name of Conference/Seminar/Workshop:
- B. Organizing Institution:
- C. Duration and dates:
- Invitation/Participation proof (Please attach copy of the email/letter issued by the program organizing agency):
- E. Registration Fees Detail (please attach proof):
- F. Travel fair details (please attach proof):
- G. Accommodation charges details (please attach proof):
- H. Stationary expenses/Poster presentation expenses/other miscellaneous expenses (self-certified by research scholar and verified by the supervisor/co-supervisor):
- I. Recommendation of the Ph.D. Supervisor
- J. Details of earlier financial support received (if any) under this scheme:

9. Declaration from the Research Scholar:

I have not received/claimed financial support for participation in Conference/Seminar/Workshop from any other agency/organization. I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the guidelines, the financial support sanctioned to me, may be cancelled and the entire amount will be refunded by me or recovered from me, apart from liability for such penal action as warranted by law

Signature

(Name of the Research Scholar)