



INDIAN INSTITUTE OF PETROLEUM & ENERGY

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CLAIM FORM INSTITUTE RESEARCH ASSISTANTSHIP

(To be submitted by the Research Scholar)

Name of the Scholar: _____

Roll No.: _____ **Date of Joining:** _____

Subject: _____ **Department:** _____

Claim Month & Year: _____

Leave availed during the month (No. of days): _____

Certified that I have not received any other emoluments, salary, stipend or any other scholarship/ assistantship during the above tenure.

Date:.....

Signature of the Fellow

- I) Certified that the particulars furnished above by the scholar are correct.
- II) Certified that the attendance record has been verified for the quoted period.
- III) Certified that the Viva-Voce for Ph.D Degree has not been conducted of the above mentioned period of fellowship claimed.
- IV) Certified that the progress of the above scholar is satisfactory.

Signature _____

Name of the Supervisor _____

Signature with seal _____

Name of the HoD _____

(TO BE FILLED BY FINANCE DIVISION)

Checked and passed for Rs. _____ Rupees (in words) _____

_____ for the month of _____ 202__.

Finance Officer