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| **SHODH- ScHeme of Developing High Quality Research** |
| **Application Form for Stipend Refund** |
| SHODH Application Id/Registration No.:  |
| 1. | Name of Applicant: |  |
| 2. | Permanent Address: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dis:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. | Contact Details: | (M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(R) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. | Ph.D. Registration No.: |  |
| 5. | Name of University : |  |
| 6. | Name of Department : |  |
| 7. | Ph.D. Subject and Title: |  |
| 8. |

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| Details of Stipend Received:Amount Received: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (In words:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)Received Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Returned Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

Interest to Pay: Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Total Amount to Return (Stipend Amount + Interest amount) : Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_In Words: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Name of Bank : | Branch:  |
| Account No.: | IFSC Code: |

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| 9. | **Details of Demand Draft** (Full Amount of Stipend) |
| In Favour of : **Knowledge Consortium of Gujarat SHODH**  |
| Demand Draft No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Issuing Bank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Payable at: Ahmedabad  |
| Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Issue Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 10. | Reason for Refunding Stipend :  |
| 11. | Undertaking: I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the undersigned returning my Stipend amount in total and I know that I will not receive the Stipend under this Scheme in future. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and Sign of Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and Sign of Ph.D. Guide) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name and Sign of University Nodal Officer)Place:**Date:**  |