**Forwarding Letter by the Affiliating Institution**

(By Head of the University / College / Institution)

Dated:

The Deputy Director (Research),

RFD Division

Indian Council of Social Science Research (ICSSR)

JNU Institutional Area, Aruna Asaf Ali Marg,

New Delhi 110067

The \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the organization) forwards the application of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name and Department of the applicant) for ICSSR Doctoral Fellowship in the financial year 2023-24.

We agree to administer the funds, provide basic research infrastructure and provide the material and managerial assistance for the Fellowship. We shall maintain a dedicated bank account for ICSSR grant (Scheme Code 0877) that is duly registered at PFMS portal for release of the Fellowship Grant (please refer notification given on ICSSR website – www.icssr.org).

The affiliating institution will

A. Release the sanctioned fellowship grant released by ICSSR to the scholar immediately.

B. Ensure submission of the Ph. D thesis and an audited Statement of Accounts and Utilization Certificate with respect to admissible grant, (in the prescribed GFR- 12A) duly certified by the Competent authority including the refund of any unspent balance within one year.

C.  Inform ICSSR within 15 days and settle the accounts including the refund of any unspent balance within three months in case a scholar leaves /discontinues his fellowship before completion of the fellowship tenure.

D. Immediately submit the audited Statement of Accounts and Utilization Certificate in GFR-12A to the extent of the grant received and refund the unspent amount to ICSSR / transfer to the new institution within three months, if ICSSR has approved of the transfer of fellowship to some other institution.

(Signature of the applicant)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of the Director / Registrar / Principal

of the Institute / University / College

(with Name and Seal)

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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