



**OFFICE OF THE RESEARCH CENTRE  
NORTH CAMPUS, UNIVERSITY OF KASHMIR  
NAAC ACCREDITED A+**

**Coordinator**

[researchcentrenc@uok.edu.in](mailto:researchcentrenc@uok.edu.in)

## **NOTICE**

Applications on prescribed format are invited for the grant of University scholarship for the year 2024-25 from the registered scholars of this campus. The selection of the Scholars (not availing any other scholarship from any other agency/organization/institute) for availing the University scholarship will be purely based on the merit.

The eligible scholars shall submit the application forms along with the supporting documents routed from their concerned Supervisors/Co-Supervisor (if any) by or before 15<sup>th</sup> of September 2024.

Sd/=   
Umar Farooq



# THE UNIVERSITY OF KASHMIR

## Hazratbal, Srinagar

### Application form for the grant of Research Scholarship & Contingency

Faculty \_\_\_\_\_

**M. Phil/Ph.D**

1	Name	
2	Father's Name	
3	Permanent address	
4	Name of course pursuing	
5	Topic of Research	
6	Date of Registration as M. Phil/Ph.D. Programme	
7	Data of joining M. Phil/Ph.D. Programme	
8	Marks & percentage of Marks at MA/M.Sc /M.com level	
9	Grade obtained at M. Phil Degree	
10	Date of award of M. Phil Degree	
11	Whether applying for extension of Ph.D scholarship. If yes, please mention the exact period for which the scholarship already drawn. (attach copy of order thereof)	
12	Scholarship/fellowship drawn previously from the University/any other agency. (Exact period may be mentioned & attach copy of the thereof)	
13	Whether in receipt of scholarship/ Salary/ stipend from any other source /agency/ institution.	
14	Are you an employee, if so, indicate Department and kind of level Sanctioned. (Attach copy of order thereof).	

The above particulars are correct to the best of my knowledge and belief. If the information proved false, I shall be personally responsible for the consequence whatsoever.

**Signature of the Scholar**

**For use of Department/Center**

Report of the Supervisor /Co-Supervisor, if any

Supervisor

Co-Supervisor



# THE UNIVERSITY OF KASHMIR

Hazratbal, Srinagar

### Recommendation of the Department Committee of the concerned Department/Director

Signature :-

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_

### Recommendations of Head of the Department/ Director of Centre/ Institution

- i. Recommendation for the Grant of research Scholarship & Contingency for \_\_\_\_\_ programme with effect from \_\_\_\_\_
- ii. The application Mr./Ms \_\_\_\_\_ is a bonafide research scholar of this Department/center/institute & his/her merit position is \_\_\_\_\_
- iii. The applicant is registered for the M.Phil/Ph. D Programme & his her Registration is valid from \_\_\_\_\_ to \_\_\_\_\_ (attach copy of Registration)
- iv. The scholar is not in receipt of any Scholarship/salary/stipend from any other source. Affidavit of the scholar to this effect duly Executed before the 1st class magistrate is enclosed.
- v. Scholarship is available in the Department and does not exceed the permissible limit as defined in the statutes.

Date \_\_\_\_\_

**Head/Director**  
(With seal)

### Verification by the Academic Section

Mr./Ms \_\_\_\_\_ is registered scholar of M. Phil/Ph.D .programme. His/her registration is valid from \_\_\_\_\_ to \_\_\_\_\_ & is eligible for the award of research scholarship for the above period .

**Deputy Registrar (Academic)**

**Recommendation of the Dean of the Faculty concerned.**

**Chief Accounts Officer**

**Dean with Seal/Signature**

**Format of the Affidavit to be Tested with the form on judicial paper of value & sworn in before first class Magistrate.**

I \_\_\_\_\_ S/o \_\_\_\_\_  
R/o \_\_\_\_\_ do hereby solemnly affirm & declare as under:-

- 1) That I am not Working in any Government/semi-Government/private organization.
- 2) That I am not receiving any scholarship/stipend/salary etc. from any Government/semi-government/Private organization.
- 3) That in case the above statement have been found incorrect by the university authorities, I shall be bound by the decision of the university authorities.

Verification

Deponent

Verified that the above contents of this affidavit are true and correct

Deponent