

Government of India
Ministry of Social Justice and Empowerment
(Deptt. of Social Justice and Empowerment)
(BC-I Section)

Room No. 642, A Wing,
Shastri Bhawan,
New Delhi-110011.
Dated: 17.04.2023

To

The Managing Director,
National Backward Classes Finance Development
Corporation (NBCFDC), 5th Floor, NCUI Building, 3,
August Kranti Marg, Siri Institution Area,
New Delhi- 110016
Email: md@nbcfdc.gov.in

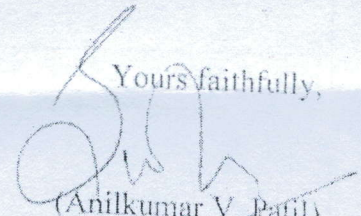
Subject: Proforma from candidates and Institution regarding SHREYAS (National Fellowship for OBC Students) - reg.

Sir,

I am directed to refer to your email dated 06.04.2023 regarding uploading annexures under the Scheme of SHREYAS (National Fellowship for OBC Students) on the Ministry's website.

2. We may have no objection in obtaining the information in the proforma from candidates and Institution by NBCFDC as per Annexure- I to VII for availing fellowship under the scheme..
3. This issues with approval of Competent Authority.

Yours faithfully,


(Anilkumar V. Patil)
-Director (BC)

Email: anil.kvpatil.nbc@nic.in

Tele: 011-23782713

Encl: As above.

Copy to: Sr. Technical Director, NIC-SJE, Shastri Bhawan- with the request to upload the annexure I to VII on the Ministry's website under the scheme of SHREYAS (National Fellowship for OBC students) for publicity.

**National Backward Classes Finance
And Development Corporation (NBCFDC)
New Delhi-110016**

Annexure-I

National Fellowship for Other Backward Classes (NFOBC)-(Year _____)		PHOTOGRAPH OFCANDIDATE
VERIFICATION FORM CUM JOINING REPORT FOR AVAILING FELLOWSHIP UNDER THE SCHEME		
1	Name of Scholar/Candidate	
2	Date of Birth	
3	12 digit unique AADHAAR Number	
4	Whether belong to a notified Other Backward Class (OBC)	
5	No. of UGC-NET e-Certificate for eligibility for Assistant Professor	
6	NFOBC-(Year _____) Award letter Number and NBCFDC- Ref. No.	
7	Year of passing of Master's Degree or equivalent examination	
8	Percentage of Marks in Master's Degree or equivalent examination	
9	Pursuing research for M.Phil or Ph.D	
10	Date of Admission for M.Phil/Ph.D	
11	Whether registered for M.Phil/Ph.D	
12	If already registered, give date of registration	
13	Whether pursuing research through full time regular mode	
14	Whether engaged in any type of employment (part-time/ad-hoc/fulltime or any other)	
15	Name of University where admitted for M.Phil/Ph.D	
16	Name of Institution where pursuing research	
17	Name, designation and official address of SUPERVISOR. <i>(Only a full time regular teacher of concerned university/institution can act as a supervisor)</i>	
18	Whether received (earlier) or receiving any other fellowship/scholarship/monetary assistance from NBCFDC or any other source for pursuing M.Phil/Ph.D. <i>(If yes, give details)</i>	
19	I hereby declare that each and every fact given above is true and correct. I also authorise NBCFDC to recover any excess/wrong payment from me.	
20	Signature of candidate with date	

National Backward Classes Finance
And Development Corporation (NBCFDC)
New Delhi-110016

CERTIFICATE BY THE INSTITUTION

1. Certified that all the facts/information given in the VERIFICATION FORM CUM JOINING REPORT FOR AVAILING FELLOWSHIP UNDER THE SCHEME (**Annexure-I**) as given by the candidate Mr./Ms.....has been verified and is found to be true and correct. He/She is a full time and regular student of our institution.
2. We have read the 'Guidelines' of the scheme and the Notification.
3. Certified that the candidate belongs to 'Other Backward Class' (OBC) as notified by the Government of India.
4. He/She is eligible for receiving the fellowship under 'National Fellowship for Other Backward Classes-(Year _____)'.
_____ For M.Phil/ Ph.D, and the entire amount has been refunded by him/her.
5. As per our knowledge he/she has neither received nor receiving any other fellowship/scholarship/monetary assistance from NBCFDC or any other source for pursuing either M.Phil or Ph.D. **OR** He/she was getting fellowship/scholarship under the scheme
_____ For M.Phil/ Ph.D, and the entire amount has been refunded by him/her.
6. We understand that NBCFDC will disburse the amount of fellowship directly to the account of candidate on the basis of information and details of candidate being uploaded (**Annexure-I & II**) by our institution on the scholarship portal.
7. Certified that University/Institution is complying with UGC (Minimum Standards and Procedure for Award of M.Phil/Ph.D Degree) Regulations, 2016 and its amendments issued from time to time.
8. AISHE code of our University/Institution is _____.

Signature of candidate:	Signature of Guide/Supervisor
Date:	Date:
Name:	Seal:
	Name:
	Designation:

Signature of Head of Department:	Signature of Head of Institution:
Date:	Date:
Seal:	Seal:
Name:	Name:
Designation:	Designation:

National Backward Classes Finance
And Development Corporation (NBCFDC)
NewDelhi-110016

CONTINUATION CERTIFICATE

NATIONAL FELLOWSHIP FOR OBC STUDENTS

This is to certify that _____

Has continuously working in the Department _____

In the subject under the above scheme for the quarter from _____ to _____

Signature

Signature

Signature

Name

Name

Date

Date

Date

Name of the

Head of

Registrar/Director/Principal

Candidate

Department

(Seal of University/Institution

(Seal)

/College)

**National Backward Classes Finance
And Development Corporation (NBCFDC)
New Delhi-110016**

PROGRESS REPORT

1. Name of the Fellow:
2. Award letter number and date:
3. Topic of research work:
4. Date of commencement of research:
 - a) At the university:
 - b) Under the M.Phil/Ph.D:
5. Period of Progress Report:
6. Total number of working days during the period:
7. Number of days the fellow remained on leave (with dates):
 - a) With fellowship, number of days: from..... to.....
 - b) Without fellowship, number of days: from.....to.....
8. Number of days the NF-OBC Fellow remained out of station for field work/travel, with dates and places visited :a) Number of days :from.....to.....b)Places visited.....
9. Number of days the NF-OBC Fellow remained present at the University/Institution/College:
10. Publications during the period under report (please enclose are print of each):Title of article/paper.
11. Teaching work done during the period under report: a) Number of periods taken per week at B.Sc./B.A level: b)Number of periods taken per week at M.Sc./M.A. level:
12. Title of the monograph written during the period underreport:
13. A detailed account of the work done during the period (a separate sheet may be attached for thepurpose):
14. Comments of the supervisor on the progress of the research work during the period under report:

Signature
Name
Date:
Name of the Candidate

Signature
Name
Date:
Head of the Deptt.
(Seal)

Signature
Name
Date:
Registrar/Director/Principal
(Seal of University/Institution/College)

**National Backward Classes Finance
And Development Corporation (NBCFDC)
NewDelhi-110016**

**FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY GRANTS AND
THE UTILISATION CERTIFICATE**

1. Name of NF-OBC Fellow:
2. Award letter number and date:
3. Name of the scheme under which working:
4. Period to which the accounts of contingency grant relates:
5. Expenditure From:.....to..... Amount

A-Books and allied items:

B-Typing:

C-Stationery:

D-Postage:

E-Chemical and electrical/electronic goods :

F-Travel/field work:

Certified that the expenditure of Rs..... (Rupees.....
.....) out of the contingency grant of Rs.....(Rupees
.....) in respect of.....has been utilized for
The purpose for which it was sanctioned in accordance with the terms and conditions laid down by the NBCFDC.

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Name

Date:

Name of the Candidate

Signature

Name

Date:

Head of the Deptt.

(Seal)

Signature

Name

Date:

Registrar/Director/Principal

(Seal of University/Institution/College)

N.B. For any correspondence in this regard, the Commission's letter number and date may please be quoted without fail.

HRA CERTIFICATE

CertificateNo.1

Certified that Mr./Ms.....is paying house rent of Rs..... and is eligible to draw House Rent Allowance @ Rs.....as per university rules.

Registrar

Or

Certificate No.2

Certified that Mr./Ms.....is staying independently and, therefore is eligible to draw House Rent Allowance @Rs.....minimum admissible to a lecturer as per university rules.

Registrar

Or

CertificateNo.3

Certified that Mr./Ms.....has been provided accommodation in the hostel. But he/she could not be provided with single seated flat type accommodation as recommended by the Commission. Hostel fee @ Rs.....per month w.e.f.....is being charged from him/her

Registrar

If, as a result of check or audit objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature	Signature	Signature
Date	Name	Name
Name of the Candidate	Date	Date
	Head of Department	Registrar/Director/Principal
	(Seal)	(Seal of University/Institution/College)

N.B. For any correspondence in this regard, the Commission's letter number and date may please be quoted without fail.

THREE MEMBERS ASSESSMENT COMMITTEE REPORT FOR UPGRADATION FROM NF-OBC JRF TO NF-OBC SRF UNDER THE SCHEME OF NATIONAL FELLOWSHIP FOR OBC STUDENTS

Assessment for Upgradation of Mr./Mrs. _____
NF-OBC JRF working at the Department of _____ of
University/Institution/College _____ on completion of two years on date

CONSTITUTION OF THE COMMITTEE

(Name and designation)

1. [1 Outside Subject Expert-other than same Univ./Instt./College]
2. [Supervisor of Research Scholar]
3. [Head of the Department]

Date of joining:

Ph.D. registration No.:

Date of meeting:

Time:

VENUE OF ASSESSMENT/INTERVIEW:

ASSESSMENT OF THE COMMITTEE

The Committee assessed the progress of the candidate through the representation followed by interview and recommended as follows.

RECOMMENDATIONS

(Strike out whichever is not applicable)

In view of the outstanding/very good/satisfactory performance of the MANJRF, and also the fact that he/she has published work to his/her credit, the committee makes the following recommendations.

Mr./Mrs./Ms. _____ May be upgraded from NF-OBC JRF to NF-OBC SRF with effect from _____.

Signature
Date
Name of the
Supervisor

Signature
Name
Date
Head of Department
(Seal)

Signature
Name
Date
Registrar/Director/Principal
(Seal of University/Institution/College)