



Indian Institute of Technology Hyderabad
Kandi, Sangareddy 502 285

Post- Doctoral- Fellowship Claim form

Name of the Postdoctoral Fellow : Date:

Department :

Roll No :

Fellowship amount per month :

Claim period (Month) :

No. of Days Attended :

Leave taken during the above period
Number of Day's & Dates :

Funding Agency :
(SERB/NBHM/OTHERS
Specify_____)

Whether the funds has been
credited in IITH account for claim
period by the funding agency?
(YES/NO)

If yes specify the duration for which
the fund has been released.
:

Project Title/ Project No. :

Signature of the Candidate
Name:
Date

Remarks

Signature of the Mentor
Name: