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DECLARATION FORM FOR SCHOLARSHIP / FELLOWSHIP FOR PhD STUDENT/STUDY LEAVE

1. Name: _____
2. Date of Registration: __ __ / __ __ / 20 __ __
3. Course: _____
4. Registration/Enrollment No: SAU / __ __ __ (P) / 20 __ __ / __ __
5. Country: _____
6. Have you been awarded any scholarship/fellowship from any source? **Yes/ No**
6. (a) If yes, then provide the details of the agency providing scholarship/fellowship:

6. (b) Details of scholarship/fellowship:

Amount: _____ (In US \$)

Date of award: __ __ / __ __ / 20 __ __ Date of activation: __ __ / __ __ / 20 __ __

Duration of fellowship: __ __ years Date of termination: __ __ / __ __ / 20 __ __

(Please attach a copy of the awarded Scholarship/Fellowship/Grant)

OR

I hereby declare that I am not receiving any fellowship and that I am eligible for the SAU Doctoral fellowship as per the rules of the SAU.

6. (c) Details of leave and salary:

Are you working? Yes/No

If yes, name or address of organization: _____

Have you obtained leave to study full-time at SAU?

Yes/ No

If yes, please provide the details of leave and salary during leave (*please attach the copy of office order*) _____

7. I hereby declare that I will immediately inform my department/faculty and DR

(Admission/Scholarship) in case:

(a) I am awarded any fellowship/ scholarship/ grant during my studies in SAU.

(b) There is any change in my employment status.

8. I hereby declare that all the facts stated above are true to my best knowledge and belief.

Date: __ / __ / 20 __ __

Signature: _____

Place: New Delhi

Full Name: _____

Address: _____

Mobile no: _____

Email: _____

Copy to:

- 1. Dean /Chairperson, Concerned Faculty / Department**
- 2. Deputy Registrar (Admissions & Scholarships)**