Dated:

The In-charge,
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 year 2022-23.

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 be expected to:

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

B. To 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. In case a scholar leaves / discontinues his fellowship before completion of fellowship tenure, the
affiliating institution shall inform ICSSR within 15 days and settle the accounts including the refund
of any unspent balance within three months.

D. If ICSSR has approved of the transfer of fellowship to some other institution after part of the
sanctioned fellowship has been received, then, the institution shall 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.

Name: ____________________________
(Signature of the applicant)

Signature of the Director / Registrar / Principal
of the Institute / University / College
(with name and stamp)

Place: ____________________________
Name: ____________________________

Date: ____________________________
Designation: ____________________________