



தமிழ்நாடு திறந்தநிலைப் பல்கலைக்கழகம்

TAMILNADU OPEN UNIVERSITY

[Established by Act No.27/2002 of the Government of Tamil Nadu]

No.577, Anna Salai, Saidapet, Chennai - 600 015.

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APPLICATION FORM FOR UNIVERSITY RESEARCH FELLOWSHIP (URF)

(Filled-in application is to be submitted to the Research Division)

1	Name of the Ph.D. Scholar	In English	
		In Tamil	
2	Enrolment Number		
3	Name of the Subject and School		
4	Month and Year of Admission		
5	Date of Joining (enclose copy)		
6	Date of Provisional Registration (enclose copy)		
7	Date of Confirmation of Provisional Registration (enclose copy)		
8	Broad Area of Research / Topic of Research		
9	No. of Doctoral Committee Meetings conducted (enclose the copy of the Minutes)		
10	Research Articles Published in Reputed National/International Journals (enclose copy)		

11	Papers presented in National/ International level Conference/ Seminar/Symposium/etc., (enclose copy)	
12	National/International level Conference/Seminar/Workshop/ Symposium/Training or Orientation programme/etc., attended (enclose copy)	
13	Average Family Income per Annum	
14	Whether First Generation Graduate	
15	Percentage of Marks in PG	
16	Whether comes under PWD (Person with Disability)	
17	Marital Status	
18	Religion	
19	Community	GT / BC/ BC(M) / MBC / MBC-DNC / SC / SC(A) / ST / Others
20	Availed any Fellowship / Scholarship, etc., (enclose details)	
21	Name of Supervisor with Designation	
22	Percentage of Attendance (from date of joining to till date)	

23	Recommendation/Remarks of Research Supervisor with Signature	
24	Recommendation/Remarks of Head of the School with Signature	
25	<u>Bank Details:</u> Account No: Type of Account: Name of the Bank: IFSC Code: Name of the Branch:	

Declaration by the Applicant

I hereby declare that I have read and understood all the terms and conditions of the URF. I fulfil the eligibility criteria and have provided necessary and correct information in this regard, I am aware of that in the event of any information being found incorrect or misleading after awarding fellowship, my fellowship shall be cancelled with recovery of amount by the University at any time.

Place:

Date:

Signature of the Applicant