

Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

“NATIONAL FELLOWSHIP FOR PERSONS WITH DISABILITIES” (NFPwD)– 2023-24	PHOTOGRAPH OF CANDIDATE
VERIFICATION FORM CUM JOINING REPORT FOR AVAILING FELLOWSHIP UNDER THE SCHEME	

1	Name of Scholar/Candidate	
2	Date of Birth	
3	Candidate ID	
4	12 digit unique AADHAAR Number	
5	Percentage of Marks obtained in PG Examination	
6	Year of passing of PG examination	
7	Pursuing research for M.Phil or Ph.D or both	
8	Date of Admission	
9	Date of Registration of M.Phil/Ph.D	
10	Whether pursuing research through part-time/external/correspondence/open learning mode	
11	Whether engaged in any type of employment (part-time/ad-hoc/full time or any other)	
12	Registration Number for M.Phil./Ph.D	
13	Name of University where registered	
14	Name of Institution where pursuing research	
15	Name of Department	
16	Name and designation of GUIDE	
17	Whether received (earlier) or receiving any other fellowship/ scholarship/ monetary assistance from UGC or any other source for pursuing M.Phil/Ph.D. (If yes, give details)	
18	Whether a Person with Disability	
19	Percentage of disability	
20	Topic of Research	
21	I hereby declare that each and every fact given above is true and correct. I also authorise UGC to recover any excess/wrong payment from me.	(signature of candidate) with name

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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.
2. He/She is a full time and regular student of our institution.
3. It has been verified that the candidate is covered under 'The Persons with Disabilities (Equal Opportunities, Protection of Rights and Full Participation) Act, 1995.
4. It is also verified that disability certificate has been issued by the medical authority notified for the purpose.
5. We have confirmed the name of candidate from the list as uploaded by UGC on its website https://www.ugc.ac.in/ugc_notices.aspx on dated _____ and letter issued by Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment
6. As per our knowledge he/she has neither received nor receiving any other fellowship/scholarship/monetary assistance from any other source for pursuing M.Phil/Ph.D.
7. We understand that Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment will disburse the amount of fellowship directly to the account of candidate on the basis of information and details of candidate being confirmed (**Annexure-I & II**) by our institution.

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

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