

**THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI - 625015**

(A Govt. Aided, Autonomous Institution, Affiliated to Anna University)

Ref: TCE/R&amp;D/ TRF/2025

Date: \_\_\_\_\_

Thiagarajar Research Fellowship Claim Form for the month of \_\_\_\_\_ 2025

Particulars of the Scholar				
1	Name of the Scholar			
2	Department & Programme			
3	Month & Year of admission at TRF			
4	Name of the Supervisor			
5	TCE Roll No.			
6	Category			
7	Claim Period			
8	Leave Details – No. of days availed in this Month	CL:	LLP:	OD:
	Already Availed (up to last month)	CL:	LLP:	
	Balance Available	CL :		
9	Claim Amount in Rs.			
10	Research Progress in this month (Attach the proofs with supervisor signature)	No. of Articles Submitted	Conference:	Journal:
		No. of Articles Published	Conference:	Journal:
<u>Declaration by the Scholar</u> 1. I am NOT receiving any other fellowship from any organization/industry. 2. I abide by the TRF guidelines dated 10.01.2025. 3. The information furnished in the claim form are true to the best of my knowledge.				
Place : TCE - Madurai		<div style="border: 1px solid black; padding: 5px; display: inline-block;">Affix the Stamp</div>		
Date:				
		Signature of the Scholar		
For Office Use				
1	TRF Workload Details (Max.8 Hours per week)	No. of Lab/ Tutorial hours per week		
		No. of Dept. work Load per week		
2	Supervisor-Remarks	Attendance%		
		Research Progress	Satisfactory/Not Satisfactory	
3	Signature of the Supervisor			
4	Signature of the DLC			
5	HoD- Remarks	Recommendation	Recommended/Not Recommended	
6	Signature of the HoD			
7	Signature of the Associate Dean-RD			

**Note: TAMS report, Workload (8Hrs/week) Assignments and TRF Monthly summary report would be submitted to the Associate Dean (R&D) in person along with this claim.**