



THIAGARAJAR COLLEGE OF ENGINEERING, MADURAI - 625015

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

Ref: TCE/R&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:
	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:
		No. of Articles Published	Journal:

Declaration by the Scholar

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.

Affix
the
Stamp

Place : TCE - Madurai

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%	
		ResearchProgress	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.