

TRIBAL RESEARCH AND TRAINING INSTITUTE, PUNE
(An Autonomous Institute of Government of Maharashtra)

JOINING REPORT

1. Name of the Fellow:

2. Name of the Fellowship: Scheduled Tribe Research Fellowship 20 (STRF-20)

3. Year of the Fellowship: STRF-20

4. Date TRTI's Award letter:-

5. Fellowship for:

This is to certify that Mr./Ms-----has
 joined the Department of-----for doing-----
 (Ph.D) in the Subject (Research title) of-----

-----Under the above scheme of the STRF 20-----
 of TRIBAL RESEARCH AND TRAINING INSTITUTE, PUNE (herein after referred to as TRTI). With
 effective from-----

He/ She Belongs to ST Category. His/Her date of registration is----- He/She will be provided with all
 necessary facilities during his/her tenure of award.

The terms and conditions of the offer are acceptable to Awardees. Also certified that fellow shall not accept /hold
 any emoluments paid or otherwise or receive emoluments, salary, stipend, etc. from any other source during the
 tenure of the award.

Signature

Signature

Signature

Date:

Name:

Name:

Name of the Candidate:

Date:

Date:

Head of Department
(seal)

Register/ Director / Principal
 (Seal of University/ Institute/College)

**Counter Sign by Guide/
 Supervisor:**

Tribal Research & Training Institute Pune

(An Autonomous Institute Of Government Of Maharashtra)

HALF YEARLY PROGRESS REPORT

_Jan20_To_Jun 20_

_Jul20_To_Dec20_

1. Name of the Fellow:
2. Name of the Fellowship: Tribal Research And Training Institute Fellowship
(STRF-20__ - 20__)
3. Year of the Fellowship:
4. Date of award letter : __/__/____
5. Ph.D (Arts/Science/Other):
6. Topic/Title of Research:
7. Date of Registration : __/__/____
8. Name of the Guide/Supervisor:
 - i. Email ID of Guide/Supervisor:
 - ii. Mobile No:
9. Period of Progress Report from __/__/____ To __/__/____

(Signature of Guide)

Date __/__/____

(Signature of Head of Department)

Date __/__/____

10. Number of days the Fellow remained present at the University/Institution/College.
(Please Attach Xerox copy of Attendance sheet of every Months. Signed by Guide & HoD/Principal)

11. Number of days the fellow remained out of station for field work/Travel with date send place visited:

Sr. No	Type of Field work Done	Details	Remarks of Guide
1.	1. Place visited 2. Respondents contacted		

3. Conferences/Seminars attended on relevant subject:

Sr. No	Title of Paper	Venue	Status (International, National, State)

4. Chapters Completed:

Sr. No	Chapter Title	Complete do Under Completion	Status	Remarks of Guide
			1. Rough Draft 2. Approved 3. Final Typing	

(Signature of Guide)

Date ____/____/____

(Signature of Head of Department)

Date ____/____/____

5. Title of the article/paper published during the period under report:

Sr. No	Paper/Article's Title	Whether Published/or Not	Name of journal/ Magazine & Vol. No.	Place

(Please enclosure print of each)

6. Comments of the supervisor/ Guide on the progress of the research work during the period under report.(A short report to field work done in 500 words, if needed a separate sheet can be attached) :

Also certified that fellowship not accept/hold emolument, stipend or otherwise or receive emoluments, salary, stipend, etc. from any other source during the tenure of the award.

If assure of check or audit objection, some irregularity is notice data later stage, action will be taken to refund, adjust or regularize the objected amount.

Please attached all required documents with report & scan as pdf and submit online& send hard copy to TRTI office.

Signature

Name

Date:

Name of the Candidate:

Signature

Name

Date:

Guide/Supervisor:

Signature

Name

Date:

Head of Department(Seal):

Signature

Name

Date:

Registrar/Director/Principal:
(Seal of University/Institution/college)

TRIBAL RESEARCH AND TRAINING INSTITUTE (TRTI), PUNE
GOVERNMENT OF MAHARASHTRA
Utilization Certificate for Contingency Amount

Tribal Research and Training Institute (TRTI) Fellowship (STRF)- 2024-25.

1. **Name of the Fellow :**
2. **Year of the Fellowship :**
3. **TRTI Award Letter No :**
4. **Date of Registration :**
5. **Duration of Expenditure :** **TO**

This is to certify that, Mr./Miss/Mrs.

has received contingency amount Rs. (in words) from TRTI under Scheduled Tribes Research Fellowship (STRF) 2024-25.

The received contingency amount has been utilized for the purpose of said research only or for which it was sanctioned in accordance with the terms and conditions laid down by the TRTI, Pune. Details of expenditure in respect to contingency Grant is as below.

Sr.No	Details	Date of Bill	Amount
1	Books and allied items		
2	Typing (Tracing & ammonia printing)		
3	Stationary		
4	Postage		
5	Chemical goods/Laboratory consumable Items		
6	Electronic/Electric goods		
7	Travel/Fieldwork/Seminars/Workshop registration fee.		
8	Payment of membership fees to professional organization related to area of research.		
	TOTAL		

If, as a result of check or adult objection, some irregularity is noticed at a later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Date:

Name of the Candidate

Signature

Name:

Date:

Guide/Supervisor

Signature

Name:

Date:

Head of Department
(Seal)

Signature

Name:

Date:

Principal
(Seal of College)

H.R.A CERTIFICATE

CERTIFICATE NO.1

Certified that Mr./Ms. Is paying house rent of Rs. and is eligible to draw House Rent Allowance @ Rs As per University rules w.e.f.....

Registrar/Director/Principal

OR

CERTIFICATE NO. 2

Certified that Mr./Ms. Is statying independently and, therefore, is eligible to draw House Rent Allowance @ Rs Minimum admissible to a lecturer as per university rules.

Registrar/Director/Principal

OR

CERTIFICATE NO. 3

Certified that Mr./Ms. Has been provided by accommodation at the hostel But he/she could not be provided with single seated flat type accommodation as recommended by the commission. Hostel fee @ Rs per month w.e.f.....is charged from him/her.

Registrar/Director/Principal

If, as a result of check or audit objection, some irregularity is noticed at later stage, action will be taken to refund, adjust or regularize the objected amount.

Signature

Name

Date

Name of Candidate

Signature

Name

Date

Head of Deptt.
(Seal)

Signature

Name

Date

Registrar/Director/Principal
(Seal of Univ./Institution/College)

N.B. For any correspondence in this regard , the Commission's letter number and date be quoted without fail.

हजेरी पत्रक (संस्थेच्या लेटरहेडवर)

प्रति,
मा. आयुक्त,
आदिवासी संशोधन व प्रशिक्षण संस्था,
पुणे 411001

विषय:- हजेरी पत्र सादर करणेबाबत..

मी----- आदिवासी संशोधन व प्रशिक्षण संस्था, पुणे कडून
राबविल्या जाणाऱ्या STRF 2024-25 या अधिछात्रवृत्ती करिता ----- या विषयामध्ये पीएच.डी
साठी निवड झाली असून ----- विद्यापीठातील -----
----- विभागामध्ये संशोधन कार्यात पूर्ण कार्यात असून इतर कोणात्याही प्रकारची नोकरी/ व्यवसाय करत नाही.

सदर हजेरी पत्र प्रगती अहवालाच्या कालावधीसाठी असून दिनांक: / /20 पासून दिनांक / /20

या कालावधीचा माहे हजेरी खाली तक्त्यामध्ये नमूद करण्यात आली आहे.

अनु. क्रमांक	महिना व वर्ष	महिन्यातील कामाचे दिवस (शासकीय सुटटी वगळून)	कामाच्या दिवसापैकी हजर असलेले दिवस	शेरा
1				
2				
3				
4				
5				
6				
7				

वरील तक्त्यामध्ये नमूद सर्व दिवस मी संशोधन कामकाज केले असून सदर कालावधीसाठीचा प्रगती अहवाल स्वीकृत करावा ही विनंती

संशोधन विद्यार्थी
(नाव व सही)

संशोधन मार्गदर्शक
(नाव, सही, शिक्का)