INDIAN INSTITUTE OF TECHNOLOGY-DELHI

CERTIFICATE IN SUPPORT OF THE EXCEPTION REQUEST FOR PROCESSING THE HOLD SCHOLARSHIP/FELLOWSHIP

1. I …… (Entry Number……..)
   Certified that I am a regular full-time research scholar/Post Graduate student of this institution w.e.f…… under the Scholarship/Fellowship scheme of (Institute/DBT/DST/PMRF/OTHER) ……(Please specify)
2. I have missed to mark the attendance for the period from…… to……due to reason(s)…….

   ……

Date:

STUDENT SIGNATURE

Name:

Department:

We have thoroughly reviewed the request, ensuring that all relevant facts and duties for the specified period(s) have been addressed. Based on this review, we recommend granting an exception and releasing the scholarship/fellowship for the aforementioned period(s).

SIGNATURE OF GUIDE/ SUPERVISOR **Date** **Seal**	**SIGNATURE OF HEAD OF DEPARTMENT:** Date Seal
Name:	**Name:**

Note: Kindly dispatch/email the form, duly signed, to the Accounts Section at draccounts@admin.iitd.ac.in.