

Fellowship / Grant Application Form

Sl. No	Content	Particular
1	Name of the Applicant	JAGADEESWARAI P
2	Designation	Associate Professor
3	Name of the School	School of Medicine
4	Year of Submission	2018-2019
5	Submission Date	18.09.2018
6	Application Type	Individual
7	Nationality	Indian
8	Name of the Fellowship	Long Term Fellowship
9	Stature of Fellowship	National
10	Awarding Agency	Orbit Edutech Pvt. Ltd
11	Duration	15 Days
12	Budget	Rs. 111049 /-
13	Remark	NA

Signature(s): Type deed woll'

Name

: JAGADEESWARAI P

Date

: 18.09.2018



Approved By



No Objection Certificate

Date: 18.09.2018

This is to certify that **JAGADEESWARAI P**, is working as Associate Professor, School of Medicine, Bharath Institute of Higher Education and Research, deemed to be University, Chennai. JAGADEESWARAI P is interested in **Long Term Fellowship**. The Institute has "No Objection" in his / her application for grant being considered for funding and his / her undertaking. This NOC is issued the purpose of receiving grant / Fellowship from **Orbit Edutech Pvt. Ltd**.

School of Medicine

BIHER





Date: 18.09.2018

To:

JAGADEESWARAI P.

Associate Professor, School of Medicine, Bharath Institute of Higher Education & Research, Chennai – 600 073.

Respected Sir,

Regarding the approval of the proposal for the Long Term Fellowship

We are pleased to tell you that your request for funding the Fellowship has been acceded after careful examination of its contents inclusive of the pieces of information apart from providing the data of the subsequent. You have been shortlisted to receive funding as part of the Long Term Fellowship. As a consequence of this, we are writing to inform you that the sum of Rs. 111049 /- [Rupees One Lacs Eleven Thousand Forty Nine Only] requested in your application (BIHER / 2018-2019 / Fellow / 3092 dt. 18.09.2018) has been authorized for utilization toward a Fellowship that is scheduled for 15 Days.

If you want to accept the award and get paid for it, you need to make sure that the grant agreement is filled out correctly and that you send it back within two weeks. Instead of requiring you to pay for the fellowship out of your own money and then submitting a request for reimbursement, our fellowship payment option allows you to receive a direct stipend. This allows you to concentrate on your research without being distracted by concerns about money. In addition, once your fellowship has come to an end, you will be required to write and submit a report discussing your time spent there. Please send any relevant receipts, software, and images along with your report. Remember that you will be responsible for repaying that funding if you are forced to stop working on your project before it is completed.

We hope that everything works out well for you.



Internal Review Report

Sl. No	Name of the Applicant	Particular
1	Name of the Applicant	JAGADEESWARAI P
2	Applicant Type	Individual
3	Designation	Associate Professor
4	Name of the School	School of Medicine
5	Proposal Ref No.	BIHER / 2018-2019 / Fellow / 3092
6	Proposal	18.09.2018
7	Name of the Fellowship	Long Term Fellowship
8	Stature of Fellowship	National
9	Awarding Agency	Orbit Edutech Pvt. Ltd
10	Year of Award	2018-2019
11	Duration	15 Days
12	Purpose of Grant	Fellowship
13	Remark	NA



