

Ministry of Social Justice and Empowerment
Department of Empowerment of Persons with Disabilities (Divyangjan)

CERTIFICATE BY THE INSTITUTION

1. Certified that all the facts/information given in the VERIFICATION FORM CUM JOINING REPORT FOR AVAILING FELLOWSHIP UNDER THE SCHEME (**Annexure-I**) as given by the candidate Mr./Ms. _____ has been verified and is found to be true and correct.
2. He/She is a full time and regular student of our institution.
3. It has been verified that the candidate is covered under 'Right to Persons with Disabilities Act- 2016'.
4. It is also verified that UDID and disability certificate has been issued by the medical authority notified for the purpose.
5. We have confirmed that name of the candidate as per the NFPwD award letter dated issued by the Department of Empowerment of Persons with Disabilities, Ministry of Social Justice and Empowerment, GoI.
6. As per our knowledge he/she has neither received nor receiving any other fellowship/scholarship/monetary assistance from any other source for pursuing M.Phil/Ph.D.
7. We understand that Department of Empowerment of Persons with Disabilities, Ministry of Social Justice & Empowerment will disburse the amount of fellowship directly to the account of candidate on the basis of information and details of candidate being confirmed (**Annexure-I & II**) by our institution.

Signature of candidate:	Signature of Guide/ Supervisor
Date:	Date:
	Seal:
Name:	Name:
	Designation:

Signature of Head of Department:	Signature of Head of Institution:
Date:	Date:
Seal:	Seal:
Name:	Name:
Designation:	Designation: