## Mahatma Jyotiba Phule Research & Training Institute (MAHAJYOTI), Nagpur

(An Autonomous Institute Of Government Of Maharashtra)

## HRA CERTIFICATE

- 1. Name of the Fellowship: Mahatama Jyotiba Phule Research Fellowship-20\_\_\_
- 2. Date of the Registration (Ph.D.) :
- 3. Date of the Award Letter :
- 4. HRA claim for the period of:-\_\_\_/ \_\_\_ to \_\_/ \_\_\_

Certified that Mr./Ms. ..... is paying house rent of Rs......and is eligible to draw House Rent Allowance@ Rs.....as per University rules.

OR

| Certified                       | that   | Mr./ | /Ms. |         |        |     |   |     | ha | ıs bee | n prović | led   |
|---------------------------------|--------|------|------|---------|--------|-----|---|-----|----|--------|----------|-------|
| accommo                         | dation | in   | the  | hostel. | Hostel | fee | @ | Rs. |    | Per    | month    | w.e.f |
| is being charged from him/ her. |        |      |      |         |        |     |   |     |    |        |          |       |

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 ward.

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

## **Enclosure Separately –**

(Attached the Non Hosteller Certificate Signed by Chief Rector & Registrar/ Director/ Principle & Rent Agreement true copy)

**Note-** The candidate will be eligible of University/Institute for city wise HRA as per Government of Maharashtra as a norms.

| Signature                 | Signature                                    |  |  |  |  |
|---------------------------|--|--|--|--|--|
| Date :                    | Name :                                       |  |  |  |  |
| Name of the Candidate :   | Date :                                       |  |  |  |  |
|                           | Guide/ Supervisor :                          |  |  |  |  |
|                           |  |  |  |  |  |
|                           | Signature                                    |  |  |  |  |
| Signature                 | Name :                                       |  |  |  |  |
| Name :                    | Date :                                       |  |  |  |  |
| Date :                    | <b>Registrar / Director /Principal :</b>     |  |  |  |  |
| Head of Department (Seal) | (Seal of University / Institution / College) |  |  |  |  |

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