



**University Grants Commission**  
**Dr. D. S. Kothari Postdoctoral Fellowship scheme**  
**[Progress Report for (First/Second) Year of Fellowship]**

1. (a)	Name of the Fellow (As per record of UGC)	:	
(b)	Date of Birth (dd/mm/yyyy)	:	
2.	Application Form No.	:	
3.	UGC Award Letter No. & Date	:	
4.	Address of the Fellow:	:	
	Email of the Fellow:	:	
	Phone No. of the Fellow:	:	
	Bank Name	:	
	Branch Name	:	
	Account No.	:	
	IFSC	:	
5.	Name and address of the Mentor: (University/Institute Address)	:	
	Email of the Mentor:	:	
	Phone No. of the Mentor:	:	
6.	Place of Work (Name of University/Institute):	:	
7.	Date of Joining (dd/mm/yyyy)	:	
8.	Period of the postdoctoral fellowship From dd/mm/yyyy To dd/mm/yyyy	:	From..... To .....
9. (a)	Total no. of working days during the period	:	
(b)	No. of days of the fellow remained on leave (with dates)	:	
(c)	No. of days with fellowship From.....To .....	:	

(d)	No. of days without fellowship From.....To.....	:	
(e)	No. of days the fellow remained out of station for field work/travel with dates and place visited		1. No of days____ From .....To..... 2. Place visited :
(f)	No. of days the fellow remained present at the university/Institution		
10.	Topic of sanctioned research proposal under DSKPDF Scheme	:	
11.	Broad subject area of research	:	
	Sub-specialization	:	
12.	Year of report period From dd/mm/yyyy To dd/mm/yyyy	:	(From ..... to .....) I Year/II Year
<b>DSK Fellow self-assessment</b>			
13. (a)	The brief work plan for the year as per given in your concept proposal (not more than 50 words)		
(b)	Whether the progress was made according to the plan in the concept proposal	:	Yes/No
(c)	Whether there is a significant deviation from the plan	:	Yes/No
(d)	If 'Yes' to the question at 12(c), please provide brief justification (in about 30 words)	:	
14. (a)	If the set goals were not achieved during the year, state your reasons for the same.		
(b)	What action is proposed for achieving the required goals in the next year? (in about 50 words)		
15.	How will you grade your own work	:	Excellent/ Very Good/ Good/ Satisfactory

	carried out in the period of report		
16.	List of papers <b>actually published</b> in the last year in standard refereed journals (please upload publication online at <a href="http://ugcdskpdf.unipune.ac.in/uploadpublications.html">http://ugcdskpdf.unipune.ac.in/uploadpublications.html</a> ) (Use the format: Heistand, R. N., and Clearfield, A., <i>J. Am. Chem. Soc.</i> , 1963, <b>85</b> , 2566)	:	
17.	List of patents, if any, generated from the work done in the project	:	
18. (a)	Summary report of Postdoctoral research work during the one year (covered in this report) in brief. (Maximum 1 page as Annexure I)		
(b)	Plan of proposed work during the next year in brief (Maximum 1 page as Annexure II)		
	Date:		Signature of Fellow
<b>Mentor Assessment</b>			
19.(a)	Overall assessment and Comments of the Mentor (Max. 10 lines)		
(b)	Whether the fellowship may be continued for the DSK Fellow for II/III year.	:	Recommended/Not recommend
	Date:		Signature of Mentor
	Forwarded through :-		
	Registrar Name :		Head of the Department Name :

	Date :	Date :
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**CERTIFICATE III**

UNIVERSITY GRANTS COMMISSION  
 BAHADURSHAH ZAFAR MARG  
 NEW DELHI – 110002  
**BSR Section**

***FORM FOR SUBMITTING ACCOUNTS OF CONTINGENCY GRANTS AND THE UTILISATION CERTIFICATE***

1. Name of Post-Doctoral Fellow:
2. Award letter number and date:
3. Name of the scheme under which he/she is working:
4. Period to which the accounts of contingency grant relates:
5. Expenditure

From: ..... to.....

Amount Dated

- A – Books and allied items:
- B- Typing (tracing and ammonia printing):
- C- Stationery:
- D- Postage
- E- Chemical and electrical goods:
- F- Travel/fieldwork:

1- Period for which the contingency grant is payable:

Certified that the expenditure of Rs. ....(Rupees.....) out of the contingency grant of Rs. ....(Rupees.....)sanctioned vide Commission letter number F..... Dated..... In respect of..... has been utilized for the purpose for which it was sanctioned in accordance with the terms and conditions lay down by the University Grants Commission.

**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.**

Signature	Signature	Signature
Name	Name	Name
Date	Date	Date
<b>Name of the Candidate</b>	<b>Head of Deptt.</b>	<b>Registrar/ Director /Principal</b>

**(Seal)**

**(Seal of University/Institution/College)**

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