

भारतीय दार्शनिक अनुसंधान परिषद्

(भारत सरकार, मानव संसाधन विकास मंत्रालय)

INDIAN COUNCIL OF PHILOSOPHICAL RESEARCH

(Government of India, Ministry of Human Resource Development)

Ref. F. No. 1.-8/2006-07/P&R/ICPR

Date: 20.2.2014

As per the decision of the Council regarding Fellowships of GF and JRF, it is resolved that after the initial six monthly grant, all subsequent grants will be released on the basis of a substantive report by the Supervisor on the progress of the fellow's work till then and the plan of work for the next six months.

Therefore, it is hereby informed to all the current Junior Research Fellows and General Fellows of the Council that for the payments of Fellowships, henceforth the Council will require the supervisors' satisfactory-six-monthly-progress-reports on the progress of the research of their respective Fellows. The same should be authorized by the respective HODs. On the basis of this, the six-monthly fellowship grants will be approved. Apart from this, the Fellows are required to send their monthly-attendance-reports, authorized by Supervisor and HOD, which will be recorded for accountability and release of monthly payments of fellowships by bank transfer.

Mercy Helen)

Director, (P&R), ICPR

## SIX MONTHLY PROGRESS REPORT

File Reference: F. No/ P & R / ICPR
Title of the Project under the Fellowship:
Name of the Scholar:
Name Institution of Affiliation:
Works Completed in Last Installment Period: (Provide in additional pages 2 to 5 line Summary of main Points / Issues.)
Work Proposed to be done in forthcoming Installment Period: (Provide in additional pages 2 to 5 line Summary of main Points / Issues.)
Time line of Completion of the Project in 2 years:
Signature of the Scholar with Date:  Comments of Supervisor: (Separate Page may be added, as required.)

Authorization: Signature of the Supervisor with Seal Signature of HOD with Seal

(Authorization is not required in the case of National Fellows and Senior Fellows of the Council)

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Signature of the Scholar with Date:
Comments of Supervisor:

Authorization: Signature of the Supervisor with Seal Signature of HOD with Seal

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