



PONDICHERRY UNIVERSITY

PROJECT CELL

Name of the Department :

Name of the Scheme :

Funding Agency :

Sl. No.	Name of the student & Designation	Title of the fellowship	Date of Joining	Date of completion	Scholarship/ Fellowship Amount	HRA	Total	Sanction order Number	Bank Acct. No	Remark

**Name and Signature of the Guide
(With Seal)**

**Name and Signature of Head of the Department
(With Seal)**