Indian Institute of Science, Bangalore
APPLICATION FORM FOR OBTAINING STUDENTS ASSISTANCE
(Separate form to be used for each kind of assistance required)

1. Name of the Department
2. Faculty Member seeking assistance
3. Nature of assistance
4. Period for which assistance is sought
5. Approximate number of assistance required: (Max. permissible per term is 50 hours in a month or 120 hours in term):
6. Name of the student | Dept. / Course | S. R. No. | Date of Completion of Comp. Exam.
   i)                      |
   ii)                    |
   iii)                   |
7. Whether the student(s) has passed course for which the assistance is sought (If yes mention the term for having passed the course and the grade secured):
8. Whether the student has rendered Mandatory assistance under SAP or not? (without financial compensation). If rendered, please indicate the Course Number, period of assistance & the number of hours (the duration of assistance should be between 60-120 hours in a term subject to the condition that it should not be more than 50 hours in a month)
9. Whether the student has secured D grade in any of the Courses so far
10. Present work load of the student:
11. Rate per hour recommended:
12. Has SAC representative of the dept. been consulted in identifying the student/s
13. Details of the course/s for which the assistance is sought by the Instructor
   Course Number: | Number of students regd. for the course for which the assistance is sought
14. Debit Head: (Please indicate with a tick: (✓) Scholarships / Deptl. Working Expenses / Identified Project / Consultancy Project

Signature of the faculty member seeking the assistance
Signature of the Chairman of the Dept./ lab/ unit / centre
Date:

GUIDELINES TO BE FOLLOWED BEFORE OBTAINING THE STUDENTS ASSISTANCE
1. Students whose assistance are sought should have completed their comprehensive examination and should not have secured any D grades during their tenure.
2. Prior approval of the Deans should be obtained and the number of students registered for the concerned course should be reasonably large.
3. Students whose services are to be utilized should belong to research programs.
CERTIFICATE

This is to certify that Mr/Ms ________________________________ joined as a Ph.D/Integrated Ph. D student on ________________ has completed Mandatory Assistance without any financial compensation as follows:

<table>
<thead>
<tr>
<th>S.R.No.</th>
<th>Term</th>
<th>Course Number</th>
<th>Nature of Assistance</th>
<th>Name of the Faculty who sought assistance</th>
<th>Number of hours worked</th>
</tr>
</thead>
</table>

This is for your kind information and records.

CHAIRMAN