

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:

Term	
Course Number	
Nature of Assistance	
Name of the Faculty who sought assistance	
Number of hours worked	
S.R.No.	

This is for your kind information and records.

CHAIRMAN