**INDIAN INSTITUTE OF SCIENCE, BANGALORE**

**APPLICATION FOR OBTAINING ASSISTANCE UNDER STUDENTS ASSISTANCE PROGRAMME**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. | Name of the Department | | | | : | | | | | | | |
| 2. | Faculty Member Seeking Assistance | | | | : | | | | | | | |
| 3. | Nature of Assistance | | | | : | | | | | | | |
| 4. | Period for which assistance is sought | | | | : | | | | | | | |
| 5. | No. of hours of assistance sought  (Maximum is 50 hours in a month or 120 hours in a term) | | | | | | : | | | | | |
| 6. | **Name of the Student with SR No.** | | | | | | | **Dept & Course** | | **Date of completion of Comp.Exam** | | **Indicate Mandatory period of assistance, with *‘Yes’* or *‘No’*** |
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| 7. | Whether student identified has assisted earlier SAP. If so provide details | | | | | | | |  | | | |
| 8. | If assistance is sought for course, indicate whether student has passed the course along with grade secured | | | | | | | |  | | | |
| 9. | Present work load of the student | | | | | | | |  | | | |
| 10. | Rate per hour recommended if applicable | | | | | | | |  | | | |
| 11. | Whether DCC has been consulted in identifying the student/s | | | | | | | |  | | | |
| 12. | **Details of the course/s for which the assistance is sought by the Instructor** | | | | | | | | | | | |
| Course No. |  | Number of students registered for the course if assistance is sought for the course | | | | | | | |  | |
| 13. | Debit Head (Please tick the appropriately head **√** ) | | | | | | | | | | | |
| 1. Scholarship | | |  | | | | | | | | |
| 1. Deptl. working expenses | | |  | | | | | | | | |
| 1. Project Head/Consultancy | | |  | | | | | | | | |
| Signature of the Faculty Member  Seeking Assistance  Date : | | | | | | Signature of the Chairman of the Dept/Centre/Unit | | | | | | |