**INDIAN INSTITUTE OF SCIENCE, BANGALORE**

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

|  |  |  |
| --- | --- | --- |
| 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’*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| 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 |