



INDIAN INSTITUTE OF SCIENCE, BANGALORE – 560012

APPLICATION FOR OBTAINING ASSISTANCE UNDER STUDENTS ASSISTANCE PROGRAMME

1.	Name of the Department	: ELECTRICAL ENGINEERING		
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 the student identified has assisted earlier SAP. If so, provide details			
8.	If assistance is sought for course, indicate whether the 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 the 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 <input type="checkbox"/>)			
	a. Scholarship			
	b. Deptl. Working expenses			
	c. Project Head/Consultancy			

Signature of the Faculty Member
Seeking Assistance

Date:

CHAIRMAN
DEPT. OF ELECTRICAL ENGINEERING

(Chairman Seal)

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

This is for your information and records.

CHAIRMAN