**Form – Gen 26**

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# INDIAN INSTITUTE OF TECHNOLOGY GUWAHATI

**Application for Travel Grant for PhD Students Receiving Institute Assistantship**

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|  | Name of the Student: |  | |
|  | Roll No.: |  | |
|  | Academic Division: |  | |
|  | **Conference Details\*:**  Name: | (Attach announcement of the conference/\*purpose of travel.) | |
|  | |
| National/International: |  | |
| Venue: |  | |
| Country: |  | |
| Period: |  | |
| Organizers: |  | |
|  | Participation Details: | (Attach copy of paper and acceptance letter) | |
|  | **Estimate for Grant:**  Registration Fee:  Travel:  Daily Allowances:  Total in Rs.: | (Attach supporting documents. Specify conversion rate. DA admissible for duration of the conference plus two days the during travel.) | |
|  | Grant Requested: |  | |
|  | Advance Amount: | Required/Not Required. Rs.: | |
|  | Bank AC No. of the Applicant (Same as stipend/ assistantship) | |  |
|  | IFSC Code, Bank Name |  | |
|  | I declare that my participation in the above said conference will be in the interest of my research at this Institute. I shall apply for leave separately (If applicable). Further, I request that permission and travel grant may please be granted to me to attend the abovesaid conference. | | |
| Date: | | Signature of the Student | |
| Recommendations of the Supervisor: This is to certify that the above said conference **is/ is not** in the interest of the research of the student. The travel grant **may be/may not** be permitted.  Special Recommendations, if any: | | | |
| Date: | | Signature of the Supervisor | |

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| **To be Filled by the Office of the Department** | | | | | | | | | | | | | | | |
| Name of the Applicant: | | | | | |  | | | | | | | | | |
| Name of the Academic Division | | | | | |  | | | | | | | | | |
| Amount of Fund Available for the Applicant: | | | | | | | ` | | | | | Fund Code: | |  | |
| Amount of Assistance provided for this Conference: | | | | | | | ` | | | | | Fund Head: | | TRAVEL | |
| Financial Assistance granted for the present Conference | | Registration Fee: | | | ` | | | | | | **Remarks if any:** | | | | |
| Travel Support: | | | ` | | | | | |  | | | | |
| Dearness Allowance: | | | ` | | | | | |
| Any Other: | | | ` | | | | | |
| The application and enclosures are scrutinized and they are satisfying the guidelines.  Signature of the Dealing Official with Date | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | **Approved** | |  |  | **Not Approved** | | |  |  | **Referred the Matter to DPPC** | | |  | |  |
| Signature of HoD with Date | | | | | | | | | | | | | | | |

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| **In Case, the Matter was Referred to DPPC** | |
| **Comments of the DPPC as per the minutes:**  Signature of the Member Secretary, DPPC with Date | **Approved / Not Approved**  Signature of HoD with Date |

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| --- | --- |
| **For Official Use of Finance and Accounts Section** | |
| Amount of Advance to be disbursed | Remarks of advance calculation / fund availability: |
| ` |
| Application and enclosures checked and found to be in order / not in order.  Dealing Official (F&A) | |
| Signature of JR / AR (F&A) | |