



**Indian Institute of Technology Guwahati
Equal Opportunity, Special Reservation Cell**

**Form for Seeking Extension of Assistantship for Regular Category SC/ST/PwD PhD Students
under SCSP and TSP Grant**

1. Name of the Student: _____ Roll Number : _____

2. **Name of Bank:** _____ **A/C No:** _____ **IFSC Code:** _____

3. **Parent annual income certificate (recent) (copy enclosed):** _____

4. Date of Joining of PhD Programme: _____ 4(i) Date of registration in 6th year: _____

5. Name of Hostel & Room No.: _____ Mobile No.: _____ Email ID: _____

6. Presently at which semester: _____ Name of the Supervisor: _____

7. Last Annual Progress Seminar Delivered on: _____

8. Briefly write on present status of PhD Thesis Work (Completed Part and To be Completed Part) and enclose herewith: _____

9. Expected Month & Year of Thesis Submission: _____

10. Assistantship under SC SP & TSP Grant requested for the Period:
From Date (Date of regn.): _____ To Date: (For a maxm. period of 1 year or upto thesis submission whichever is earlier)

11. I declare not to receive any other financial assistantship during my study here: _____

Date: _____ **Name of Department:** _____ **Signature of the Student:** _____

(After filling the above part, the student is instructed to submit the form to his/her PhD Thesis Supervisor)

(Below Part is Confidential)

Assessment of Student's present Research Work by Supervisor(s)

Comments by Supervisor(s):

Final Recommendation:
(Pl. write Satisfactory / Unsatisfactory)

Signature of Supervisor(s) & Date: _____ **Dept:** _____

Endorsement by Chairman, Doctoral Committee

Date: _____ **Signature of Chairman, DC**

(Please put a Tick mark in appropriate box)

Full Assistantship (in case of satisfactory progress of research work) Rs. 34,000/- p.m. Living Allowance (in case of unsatisfactory progress of research work) Rs. 4,000/- p.m.

Financial Assistance as marked above is recommended for approval.

Monthly attendance sheet/s attached: Date: _____ **Signature of Chairman, DPPC/ CPPC**

For Office use:

Verified above details. Forwarded to Chairman (EOcSRC)	Forwarded to DOAA	Recommended/ Not Recommended
Signature of DR(EOcSRC) &Date	Signature of Chairman(EOcSRC) & Date	Signature of DoAA &Date