FORM NO. S11

Phone :
Date   :

REQUEST FOR ONE TIME ASSISTANT SHIP (To be submitted to II&SI Section)

1. Project Code.   : _____   Head | Contingency |

| 2. | Department/ Centre/ Section: | |

3. Details of Staff /Students authorized to receive the assistantship

Name	Email	Emp. Code	Designation	Dept./Centre

| 4 | Period of Assistantship | |
| 5 | Amount of Assistantship | |

6. Purpose/ Justification of Assistantship mentioning the rate of honorarium per day/ per hour

(Name and Signature of the Principal Investigator)

FOR USE BY II&SI SECTION

**Rs. ……………… is available in the Account head, "……………………….." of project No. …………………
and Rs. ……..……… is recorded in the Project Budget Register**.

Put up for consideration

Dealing Assistant   HoS

.

                                                                    Approved/ Not Approved

                                                                    Dean, II&SI/ Director