STIPEND FORM

*Section A) To be filled by Candidate:*

|  |  |
| --- | --- |
| **Name of Candidate** |  |
| **Line Manager Name** |  |
| **Leaves (if any with Date)** |  |
| **Claim Month** |  |

***Section B) To be filled by HR Operations Division-***

|  |  |
| --- | --- |
| **Division** |  |
| **Location** | ISDC Bangalore |
| **Training Start Date** |  |
| **Training End Date** |  |
| **Amount to be paid** |  |

***Section C) Approvals-***

|  |  |
| --- | --- |
| **Approval from Line Manager** |  |
| **Approval from HRO** |  |

**Date:**

**Signature of Intern:**