**APPLICATION FOR CONVERSION OF ASSISTANSHIP**

|  |  |  |  |
| --- | --- | --- | --- |
| Institute to Project Fund |  | Project to Institute Fund |  |

**Project Details**

|  |  |  |
| --- | --- | --- |
| Project Number |  | |
| Project Title |  | |
| Validity | From: | To: |
| Principal Investigator |  | |

**Student Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Roll Number |  |
| Guide(s) |  | Department |  |
| Program | M.Tech / MS / PhD | | |

**Stipend Payment Details to the Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Source of Fund** | **JRF/SRF** | **From**  **DD-MM-YY** | **To**  **DD-MM-YY** | **Remarks** |
| Project/Institute | JRF/SRF |  |  |  |
| Project/Institute | JRF/SRF |  |  |  |
| Project/Institute | JRF/SRF |  |  |  |

**Consent of the Student**

I agree to the above proposal to work for the project/ HTRA for the duration specified as above.

Signature of the student Signature of Guide(s) Signature of HoD

Date: Date: Date:

(Page 1 of 2)

**Availability of Funds, in case of conversion to project funding**

Funds are available in the project for the JRF/SRF fellowship for the specified period.

|  |  |
| --- | --- |
| CSRC Office | Dean, CSRC |

**Academics Office**

|  |  |  |  |
| --- | --- | --- | --- |
| Program of the student (specify MS or PhD) |  | Total months for which student is eligible for assistantship |  |
| Months of assistantship availed through HTRA |  | Months of assistantship availed through project(s) |  |

|  |  |
| --- | --- |
| **JA/JS, Academics** | **AR/DR, Academics** |
| **Advisor, Academic Research** | **Dean, Academic Affairs** |

(Page 2 of 2)