Form No: PH23

# INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD

FORM FOR CLAIMING HRA BY MARRIED PH.D. SCHOLARS

# (To be submitted in academic section / reg\_phd@iitism.ac.in)

|  |  |  |
| --- | --- | --- |
| 1 | Name of Scholar (in Block letter) |  |
| 2 | Admission No. |  | Date ofMarriage | DD/MM/YYYY |
| 3 | Department |  |
| 4 | Registration Status (Put √ Mark) | Full- Time |  | Part- Time |  | External |  |  |
| 5 | Institute E-mail ID |  | Mobile |  |
| 6 | Whether spouse / family member employee/Ph.D. scholar at this Institute?(Put √ Mark) | Yes | No | Details, if Yes |
|  |  |  |
| 7 | Whether family/spouse will stay along with the scholar? | Yes | No | Already staying with me |
|  |  |  |
| 8 | Whether scholar/family member (posted in Dhanbad) getting HRAfrom any other source (Govt./PSU)? | Yes | No | Details, if Yes |
|  |  |  |
| 9 | Whether the scholar applied for married accommodation in Institute? | Yes | No | Remarks, if any |
|  |  |  |
| 10 | Whether scholar/family member has been allotted any accommodation in the Institute? Or Whether any accommodation is allotted in Dhanbad to scholar/family member by anyGovt. organization/PSU? | Yes | No | Details of accommodation, if Yes, with its address and remarks |
|  |  |  |

I confirm that the information filled in this form by me is true to the best of my knowledge. In case, any of the above mentioned information is found to be false, now or in future, I’ll be responsible for the same and will be liable to refund the whole HRA amount paid to me by the Institute. The Institute may also award any other penalty and /or demand additional penal amount that the Institute may deem appropriate. Any decision of the Institute on the matter will be acceptable and binding for me.

As and when any married accommodation is allotted to me, I’ll inform about the same to AR (PG) immediately at arpg@iitism.ac.in and will do the needful as per Institute norms.

Date: (Signature of the Scholar)

# For Office Use only

As per fellowship record available with the Office, this scholar is -

Being paid fellowship **/ ** Not being paid fellowship

Dealing Assistant AR (PG) / DR (ACAD)

Date:

…………………………………………………………………………………………………………………………

The scholar had applied for married accommodation and the same was not allotted to him/her. Based on the information available in the Office and the information provided by scholar, the HRA -

May be allowed with effect from **/ ** May Not be Allowed

Dealing Assistant AR (SW) / DR (SW)

Date:

Approved by

**Assoc. Dean (HM) / Dean (SW)**

Date:

**Notes:-**

1. A copy of this form must be sent to Dean (Acad) Office in case the HRA has to be allowed to this scholar.
2. As and when any married / hostel accommodation is allotted to this scholar, the same must also be informed to Dean (Acad) Office.