



अखिल भारतीय वाक्श्रवण संस्थान, मैसूर - 06  
ALL INDIA INSTITUTE OF SPEECH AND HEARING, MYSORE - 06  
(An autonomous institute under Ministry of Health and Family Welfare, Govt. of India)

FORM A

FORM FOR OBTAINING PRIOR APPROVAL FOR UTILIZING CONTINGENCY GRANT FOR PH.D STUDENTS

Name of the Student	
Course	
Joining Date	
Fellowship Type	
Period of Contingency Claim	1 <sup>st</sup> year/ 2 <sup>nd</sup> year/ 3 <sup>rd</sup> year
Purpose for which prior approval is required	
Amount (approx.)	

Signature of the Student with date: \_\_\_\_\_

Name of the Student: \_\_\_\_\_

Recommended/Not Recommended Remarks	
Name of the Supervisor/Guide	
Signature with date	

Forwarded to:  
Academic Section

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**OFFICE USE ONLY**

As per AIISH Ph.D. terms and conditions, student is entitled for Rs. .... towards Contingency grant for the period from ..... to ..... for First/Second/Third year.

रजिस्ट्रार /Registrar

शैक्षिक समन्वयक/ Academic Coordinator

अनुमोदित/Approved/ अननुमोदित/ Not Approved

निदेशक/Director