

INDIAN INSTITUTE OF TECHNOLOGY KANPUR
Office of the Dean of Students' Affairs

HRA-1

APPLICATION FOR PERMISSION TO BE A DAY SCHOLAR (under Statute 23(1)*) AND GRANT OF HRA

Name:	Roll No:	<input type="checkbox"/> Day Scholar only <input type="checkbox"/> Day Scholar with HRA # (Tick one)	
Department:	Programme:		
Email ID:	Phone No:		
Current Place of Stay: (tick one) <input type="checkbox"/> Staying on campus <input type="checkbox"/> Staying outside the campus	Current Address:	Permanent Address:	
Reason for staying/wishing to stay out of campus: (Use additional sheets if required)			
Duration of permission From To			
If recommended by any authority, Name of the authority: Recommendation attached: Yes/ No			
If permitted, give the address where the student wishes to stay:			
If at least one of the family members or guardians is staying with you in the address mentioned above, provide the name, contact no. & the relationship with you :			
I undertake that the above information furnished by me is correct and I shall abide by all guidelines pertaining to the sanction of HRA. My spouse (applicable to the married scholars) is not claiming any HRA in Kanpur / has not been provided any official accommodation in Kanpur. If there is any change in the above mentioned circumstances I will immediately intimate to the Institute.			
Signature of the student with date	Parent/ Guardian	Thesis Supervisor (if applicable)	Head of Department
For use of DOSA office <input type="checkbox"/> Only Day Scholar Recommended <input type="checkbox"/> Day Scholar Recommended with HRA <input type="checkbox"/> Both Day Scholar and HRA not recommended <i>(Recommendations of the committee to be attached)</i>			
AR (DOSA)	DOSA	Approved Director	
# Only married PhD, MTech, MS and MDes students getting assistantship from the institute and permitted to stay out of campus are eligible to claim HRA. (For other guidelines please consult the DOSA web page.)			
*Statute 23(1): The Institute shall be a residential institution and all students, research scholars and research fellow shall reside in the Halls of Residence and hostels built by the Institute for the purpose. In exceptional cases, the Director may permit a student, scholar or fellow to reside with his parent or guardian, but where any such permission is accorded to a student, scholar or a fellow, such student scholar or fellow, as the case may be, shall be liable of such seat rent as he would have been liable for the payment of seat rent had he resided in the hostel.			

Undertaking by a Day Scholar Applicant who is not residing on campus

I Roll No., wish to become a day scholar and visit the campus as a day scholar to resume my research work.

I declare the following.

- My parents/guardians/family and I are aware that the number of COVID 19 cases is increasing in both Kanpur and the campus.
- I wish to visit the Institute voluntarily, to resume my research activity.
- I am not being forced or coerced by anyone to visit the Institute and I will not hold the Institute or any member of the Institute responsible, if I face any problems/mishaps arising as a consequence of the pandemic.
- I understand that there is a possibility of catching an infection by the coronavirus, both during my travel and also during my visit to the campus. My parents/guardians/family and I are fully aware of the above fact and with this knowledge, I agree to visit the campus and start working in my department/ laboratory to pursue my research related activities.
- I am aware that persons with co- morbidities like asthma/ hypertension / any respiratory illness/ diabetes/ dyslipidemia/ obesity/ psychiatric conditions/ heart diseases/ any condition of decreased immunity are prone to COVID 19 infection.
- I will wear a face mask (as advised medically) and will use any other prescribed protective gear at all times in public and I will also maintain social distancing in public.
- I will install Arogya Setu App on my phone and keep it active.
- I will also follow all the guidelines recommended by the Institute.
- I will fully comply with any measures/ guidelines prescribed by the Institute in this regard.

I willingly agree to the above declaration.

Signature of Student:

Date:

Mobile No:

Parents Mobile No.:

Undertaking by Parent/Guardian

I , parent / guardian of Ms./Ms.

..... , am aware of the prevailing situation in Kanpur/campus and am aware that my ward is not being forced or coerced by anyone to visit the campus, and that

he/she is visiting the Institute voluntarily to resume his/her research work. I will not hold the Institute or any member of the Institute to be responsible, if my ward may face any problems/mishaps arising as a consequence of the pandemic.

Name of Parent/Guardian..... Signature

Relation:

Date:

Undertaking by Supervisor

1. I hereby declare that Ms./Mr. (Roll No.) working under my supervision has requested to visit the campus to resume his/her research work, without any compulsion from me.
2. I shall provide the student access to all the available facilities necessary for his/her research work. I will also ensure social distancing and other preventive measures are followed in the workspace/lab.
3. I would continue to advise the student to follow the guidelines given by the department/institute time to time.

Name of Supervisor:

Department:

(Signature of Supervisor)

Date:

Additional information from Day Scholar Applicants

1. Permanent address:

Phone numbers of the parents/Guardians:

2. If permitted, the address in Kanpur or in a place close to Kanpur, where you are going to stay:
3. If at least one of your family members or guardians is staying with you in the address mentioned above, please provide the details of that person:

Name:

Phone no.:

The relationship with you:

4. Are you occupying a room in a Hall of Residence?

Yes No.....

If yes, please provide the following details:

Hostel Number:

Room Number:

(If you have a room in the hostel, you will not be considered as a day scholar. If you become a day scholar in the current semester, you will not be allotted a room in the hostel in the current semester.)

Name of the Applicant:

Roll Number:

Signature: