



श्री चित्रातिरुनालआयुर्विज्ञानऔरप्रौद्योगिकीसंस्थान, त्रिवेंद्रम, केरल- 695 011, भारत  
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Form No.: PhD/34

## DIVISION OF ACADEMIC AFFAIRS

### Application for Sustenance Allowance

Name of the research fellow :  
Address of the research fellow :  
Registration no. :  
Name of the Guide :  
Details of fellowship/salary availed :  
in the past with period/duration  
Current status of the work and work : (Details to be attached separately)  
plan for the future with timelines

## DECLARATION

I hereby declare that the details furnished above are correct and accurate to the best of my knowledge. I know that my registration will be cancelled if any of the details furnished above are found incorrect.

Date:

*Signature of the research fellow*

Recommendation of the guide with justification

Signature of the guide with date

Deputy  
Registrar

Registrar

Associate Dean  
(PhD program)

Dean

Director

Routing: Student → DAA → Deans committee → Academic Committee → Governing Body → Dean → Registrar → DR  
→ Dean → Director → Dean → Registrar → DR → Student