

**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**  
**Office of the Dean, Academic Affairs**

**Facility Usage Charges for PhD Students**

Date:

**Part-A**

Name of the student and his/her Supervisor	
Details of usage charges with approved rates and hours of usage (attach proof)	Details: Approved rate = Hours of usage = Total amount =
In case of no proof, please provide a detailed justification	

**Part-B**

Details	No.	Budget Head	Amount
Project in which charges are to be credited			
Name of the Principal Investigator			
Signature of Principal Investigator			

*I hereby declare that the details furnished above concerning the payment of facility usage charges (details above) are correct. I also agree that in case of any discrepancy in the above information, this payment request will not be processed.*

Date:

Signature of the Student

*I agree with the declaration signed by the student.*

Date:

Signature of the Thesis Supervisor

*Recommended/ Not Recommended*

Date:

Signature of Head of the Department

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**(FOR OFFICE USE ONLY)**

The claim has been checked. An amount of Rs. .... (in words) .....

.....only) may be approved.

**Verified by**

**Recommended by**

**Approved**

**Dealing Assistant/Suptd.**  
**Academic Affairs**

**AR/DR/JR**  
**Academic Affairs**

**Dean/Associate Dean**  
**Academic Affairs**

*Note: This approval is being sent to the Finance and Accounts Section to make the payment of the sanctioned amount.*