

HOMI BHABHA CENTRE FOR SCIENCE EDUCATION
Tata Institute of Fundamental Research

Date:

Authorization Form
(Contingency Grant)

I (name): _____

(I. D. Code): _____

hereby authorize the Centre to deduct Rs. _____ for
_____ from my Contingency Grant Account.

Year of Joining TIFR: _____

(Please ✓ appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> General Fees | Rs. 4000/- |
| <input type="checkbox"/> Ph. D. Registration | Rs. 1000/- |
| <input type="checkbox"/> Thesis Fee | Rs. 4000/- (payable at the time of synopsis submission) |

(Student's Signature)

Dean, HBCSE Faculty

Centre Director, HBCSE