



**Birla Institute of Technology & Science, Pilani**  
Hyderabad Campus

Project ID:  
Activity ID:

To

Date: \_\_\_\_\_

The Associate Dean  
Academic-Graduate Studies and Research Division  
BITS Pilani, Hyderabad Campus

Sub : Research Fellowship for the month of \_\_\_\_\_

Dear Sir,

Kindly arrange to pay me the research fellowship as per details given below. I am working as research fellow in \_\_\_\_\_ Department.

A/C Head: Institute/ DST Inspire/other Fellowship.

| ID No. | Name | No. of Days for month (A) | Loss of Pay day(s) (B) | Total Days (C)= (A-B) |
|--------|------|---------------------------|------------------------|-----------------------|
|        |      |                           |                        |                       |

| Eligible amount |      |       | Amount to be deducted on account of loss of pay |      |       | Net amount payable to student |     |       |
|-----------------|------|-------|---|------|-------|-------------------------------|-----|-------|
| Salary          | HRA* | Total | Salary  | HRA* | Total | Salary                        | HRA | Total |
|                 |      |       |   |      |       |                               |     |       |

| Bank Account Number | IFS Code | Branch Name |
|---------------------|----------|-------------|
|                     |          |             |

Important Note (If any by PI/HOD):

\*Students who are staying in Hostel will not be eligible to get HRA and who are **not** availing institute accommodation will be paid HRA in full.

Thanking you,

(Signature of Student)

**Recommended for payment**

Signature, Supervisor : \_\_\_\_\_ Name : \_\_\_\_\_

Signature, HOD : \_\_\_\_\_ Name : \_\_\_\_\_