

TATA INSTITUTE OF FUNDAMENTAL RESEARCH
Deemed University Cell

Date: _____

Authorization Form
(Contingency Grant)

I _____ (I.D. Code) _____ from
the Department/School/Centre _____

hereby authorize the Institute to recover the following amount from my
Contingency Grant Account.

Year of Joining TIFR: _____

(Please ✓ appropriate box)

- | | | |
|--------------------------|--------------------|--|
| <input type="checkbox"/> | Ph.D. Registration | Rs. 1000/- |
| <input type="checkbox"/> | M.Sc. Registration | Rs. 500/- |
| <input type="checkbox"/> | Thesis Fee | Rs. 4000/- (payable at the time of
synopsis submission) |

(Student's Signature)

(S. Krishnamurthy)
Acting Assistant Registrar (Academic)