



राष्ट्रीय प्रौद्योगिकी संस्थान कालीकट
NATIONAL INSTITUTE OF TECHNOLOGY CALICUT
शिक्षा मंत्रालय के तहत राष्ट्रीय महत्व का संस्था
An Institute of National importance under Ministry of Education
NIT Campus (P.O), Calicut, Kerala -673 601, India
Tel: 0495-286136, 0495-2286100, Website: www.nit.ac.in

F. No: Acad/03/GA5/2023

Date : 21.09.2023

NOTICE

Sub : Grant of HRA to Doctoral Research Scholars availing Institute fellowship

1. It has been decided with the approval of competent authority to extend HRA to full time Doctoral Research Scholars availing Institute fellowship.
2. Doctoral research fellows who are not availing institute accommodation (hostels/quarters) are eligible for HRA @ 18% of their fellowship amount.
3. Scholars shall submit the following documents for availing HRA.
 - a) Self-declaration for availing HRA (format attached).
 - b) Non-occupancy certificate from Hostels with the date of vacating the accommodation provided at Hostel.
4. Any misdeclaration for availing HRA will be viewed seriously and HRA amount availed from the institute will be recovered from the research scholar with interest and penalty.
5. No sharing of quarters shall be allowed by scholars who are availing HRA from the institute, i.e no scholar who is availing HRA can share quarter accommodation of the Institute with any other scholar/staff.
6. HRA to be disbursed to scholars prospectively from October 2023.

Sd/-

Assistant Registrar (Academic)

DECLARATION FOR AVAILING HRA FOR PHD SCHOLARS

I..... (Roll No.....)
currently in Year of full time Doctoral Research Programme, do hereby declare that I am not and was not a resident of NITC hostels or Quarters/ I was a resident of NITC Hostels/Quarters and has vacated the same on __.__.__ (Strike off whichever is not applicable). I also declare that in case I am applying for hostel/Quarter accommodation in future , I will inform the Academic Section in writing. I also declare that in case the implementation of HRA as contained in Notice Acad/03/GA5/2023 dated 21.09.2023 being paid to me is objected by any audit or any other competent authority on any ground, I shall immediately repay all the amounts received by me without any objection from me and/or it can be recovered/adjusted from the fellowship/any other amounts that may be due to me.

Signature.....

Name.....

Roll No.....

Department.....

Mobile

Date: