

**ANNEXURE II**

**FORMAT B**

*(Applicable for Fellows residing on rental accommodation outside the Institute )*

I, Dr./Mr./Ms.....hereby declare that

I am residing on rental accommodation from..... to..... (Period of grant) and

eligible to avail House Rent Allowance as per host institution rules subject to a maximum of 10%

according to KSCSTE norms.

**Scientist Mentor**

**( Signature, Name & address)**

**Research/Post-Doctoral Fellow**

**(Signature, Name & address)**

\*\*\*\*\*

**Certificate by the Director/ Registrar/Finance Officer of Host Institution**

Certified that Dr./Mr./Ms.....is not availing the University/Institution accommodation facility during the project duration. The Fellow is residing on rental accommodation and has submitted copy of Rent receipt. The Fellow is eligible to avail House Rent Allowance at the rate of \* .....% per month as per Institute/University rules.

*(\* The maximum admissible rate of HRA is 10% as per KSCSTE norms)*

**Director/ Registrar/Finance Officer**

*Signature, Name & Designation*

*Address*

*(Office Seal)*