



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

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CLAIM FOR FORMATIVE ASSESSMENT

Name of the Faculty	:	
Designation	:	
Staff No.	:	
Department	:	
Course Code No. & Title	:	
No. of students attended for the Formative assessment (list of students to be enclosed)	:	
Duration	:	From _____ to _____
Actual Claim	:	

Account Number	:	
Bank	:	
Branch	:	
IFSC Code	:	
PAN Number	:	

Signature of	:	
Faculty	:	
Head of the	:	
Department	:	
Dean (Academic)	:	

FOR OFFICE USE

Passed for payment of Rs. _____ (Rupees _____ only)

Assistant

Superintendent

**Deputy Registrar
(Accounts)**

Registrar

Director

Debit Head: _____ A/c. No. : _____

Voucher No : _____

Cheque No : _____ Date: _____

Deputy Registrar (Accounts)

Registrar