DEPARTMENT OF _____

NATIONAL INSTITUTE OF TECHNOLOGY, TIRUCHIRAPPALLI – 620 015

Date:

To

The Dean (Academic)
National Institute of Technology,
Tiruchirappalli – 620 015

Sir,

Sub: Requisition for approval of members (Academic Audit) – Reg

It is proposed to conduct the Academic Audit for UG / PG programme for _____ on_____ in the Department of _____. The following list of experts for the academic audit may kindly be approved.

1. Academic Expert (at least 3)

Sl. No.	Name / Designation / Organization / Address
1	
2	
3	

Coordinator (Academic Audit)   **Head of the Department**