



NATIONAL INSTITUTE OF TECHNOLOGY: TIRUCHIRAPPALLI – 620 015

OFFICE OF THE DEAN (ACADEMIC)

CLAIM FOR SUMMER COURSE CONDUCTED

Name of the Faculty :

Department :

Title of the Theory /Lab courses conducted :

No. of Students attended :

Actual Claim :

Date :

Faculty  
Signature

Head of the Department  
Signature

DEAN (ACADEMIC)

FOR OFFICE USE

Passed for payment of Rs. \_\_\_\_\_

Asst.

Supdt.

Deputy Registrar (Accts)

Registrar

Director

Debit Head: \_\_\_\_\_ A/c. No. \_\_\_\_\_

Vr. No: \_\_\_\_\_

Cheque No: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Reqr (A/cs)

Registrar