NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015

CLAIM FOR SUPPLEMENTARY EXAMINATION

Name of the Faculty : Staff No. :

Designation :

Department :

Subject Code No. & Name :

Date & time of Examination held :

No. of Students attended for the Exam : (list of students to be enclosed)

Remuneration for Question Paper Setting : ……. No x 1000 = Rs.
(Rs. 1000/- per Question Paper)

Valuation of Answer Script : …….No x 30 = Rs.
(Rs. 30/- per Answer Script)

Total Amount Claimed : Rs.

(Rupees _____)

Date :

Signature of Faculty **Head of the Department** **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 Regr (A/cs) Registrar