



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

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**CLAIM FOR SUPPLEMENTARY EXAMINATION**

Name of the Faculty	:	
Designation	:	
Staff No.	:	
Department	:	
Course Code and Title	:	
Date and Time of examination held	:	
No. of students attended for the supplementary examination (list of students to be enclosed)	:	
Remuneration for question paper setting (Rs. 1000/- per Question Paper)	:	_____ No x 1000 = Rs. _____
Valuation of answer script (Rs. 30/- per Answer script)	:	_____ No x 30 = Rs. _____
Total amount claimed	:	(Rupees _____)

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**