CLAIM FOR FORMATIVE ASSESSMENT

Name of the Faculty: 

Department: 

Title of the Theory /Lab courses conducted: 

No. of Students attended: 

Actual Claim: Rs. 6000 / Rs. 2000 / Rs. 8000

Date: 

Faculty Head of the Department DEAN (ACADEMIC)
Signature Signature ……………………………………

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