DEPARTMENT OF _____

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

CLAIM FORM_INVOLVEMENT OF INDUSTRIAL EXPERTS IN REGULAR COURSES

DETAILS OF THE COURSE

Name of the Department	:	
Programme	:	
Semester	:	
Course Code	:	
Course Title	:	
Credit	:	
Name of the Faculty	:	

DETAILS OF INDUSTRIAL EXPERT

Name of the Expert	:	
Organization	:	
Date	:	
Time	:	

Sl. No.	Particulars	Estimated Total Cost (INR)
1.	Honorarium for the experts (Works out)	
2.	Traveling expense: Rail fare from to Tiruchirappalli Rail fare from Tiruchirappalli to	
3.	Local Taxi fare from Tiruchirappalli Junction to NIT-T Local Tax fare from NIT-T to Tiruchirappalli Junction	
	Total	

Received a sum of Rs._____from the Director National Institute of Technology, Tiruchirappalli towards TA / DA / Remuneration for the Guest Lecture

Account number	:	
Bank	:	
Branch	:	
IFSC Code	:	
PAN Number	:	

Signature with date	:	
Name	:	
Designation	:	
Name of the organization and address	:	

Initiating faculty   **Head of the Department**   **Associate Dean**
                                                        (Industry Interaction and Outreach)