



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

Requisition for MIS account (For Faculty)

Name of the Faculty	
Department	
Staff No.	
Phone Number	
E-Mail	

Course Code	Course Name	Semester

Signature of the Faculty

Head of the Department

For Office use

Created on	:	
Associate Dean (Academic)		