



DEPARTMENT OF \_\_\_\_\_  
**NATIONAL INSTITUTE OF TECHNOLOGY**  
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

**COURSE ALLOTMENT**

Department	:	_____Engineering		
Programme	:	B.Tech. / _____ Engineering		
Session	:	July / January / Summer _____(Year)		
Chairperson (Class Committee)	:	Name :	Phone :	E-Mail :

Sl. No.	Course Code	Course Name	Prerequisite (as per approved curriculum)	GIR / PC / PE / OE / MI / ELR	Credit	Name of the faculty	Staff id
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

**\*Kindly send the MIS printout alone to the Academic office**

Chairperson (Class Committee)

Head of the Department