ACADEMIC OFFICE NATIONAL INSTITUTE OF TECHNOLOGY TIPLICATION AND ALLE AND

TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

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			:	No x 1000 = Rs						
(Rs. 1000/- per Question Paper)										
Valuation of answer script				No x 30 = Rs						
(Rs. 30/- per Answer script)										
Total amount claimed			:	(Rupees	.)	
Account Number	:]					
Bank :						Signature Faculty	e of	:		
Branch :						Head o	of the	:		
IFSC Code :				Department Dean (Academic)						
PAN Number :					-	Dean (AC	aueiiiic)	•		
Passed for payment o	f R	S		_	office upees_	use				
				only)						
Assistant Superintendent Deputy Registrar Registrar Director										
					(Accou	nts)				
Debit head:	head: A/c No:									
Voucher No :										
Cheque No : Date :										
Donut	Deputy Registrar (Accounts) Registrar									
Topaty Regional (Regional)									igisti di	