



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

CLAIM FOR SUMMER TERM COURSE

Name of the Faculty	:	
Designation	:	
Staff No.	:	
Department	:	
Course Code and Title	:	
No. of students attended for the summer term course (list of students to be enclosed)	:	
Duration	:	From _____ to _____
Actual Claim	:	(Rupees _____)

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

Signature of Faculty	:	
Head of the Department	:	
Dean (Academic)	:	

For office use

Passed for payment of Rs. _____ (Rupees _____ only).

Assistant

Superintendent

**Deputy Registrar
(Accounts)**

Registrar

Director

Voucher No : _____

Cheque No : _____ Date : _____

Deputy Registrar (Accounts)

Registrar