



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

**Requisition for course updation in MIS (Addition / Deletion) / For Faculty**

Course code	
Course Name	
Department	
Specialization (for PG)	
Semester	
Faculty	
Staff No.	
E-Mail	
MIS	Addition / Deletion
<b>Signature of the Faculty</b>	

**Date:**

**Head of the Department**

**For Office use**

<b>Updated on</b>	:	
<b>Associate Dean (Academic)</b>		