Technical Education Quality Improvement Program
TEQIP-III
NATIONAL INSTITUTE OF TECHNOLOGY SRINAGAR

Application for reimbursement of charges incurred on CRFC facilities

Name of the applicant : _____

Faculty/ PHD /B. Tech / M. Tech : _____

Department : _____

Date : _____

Facility used : _____

No. of Samples : _____

Total Charges : _____

Signature of Applicant : _____

Recommendation of Supervisor/ HOD : _____

CRFC Office : _____

TEQIP III Office : _____

Recommendation of Chairman CRFC/
Coordinator TEQIP III

National Institute of Technology Srinagar

S. No	Online payment form for payments under TEQIP-III	
1	Name (Owners Name In case of business establishment)	
2	Father/Husband Name	
3	DOB	
4	Aadhaar Number	
5	GST Number	
6	PAN Number	
7	Address1	
8	Address2	
9	City	
10	District	
11	State	
12	Country	
13	Pin Code	
14	Mobile No	
15	Email	
16	Bank Name	
17	Account Number (16 Digit)	

Signature