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