



Samrat Ashok Technological Institute (Degree) Vidisha

Technical Education Quality Improvement Programme (TEQIP – II)

Teaching Assistanceship Claim Form

Name of the Department : _____

Detail of Student :

1. Name : _____

2. Father's Name : _____

3. Name of PG Programme: _____ M.E./M.Tech. (_____)

4. Current semester: _____

5. College Scholar No. and University Enrollment No.: _____

6. Month for which Teaching assistanceship is being Claimed: _____

7. Result of the previous sem., marks obtained and percentage: _____

8. Amount claimed under Teaching Assistanceship: Rs. 7000/- (Seven Thousand only)

9. Bank A/c No. _____ 10. Bank Name _____

11. IFSC Code _____

This is to certify that the above information is true and correct to the best of my knowledge and belief.

Signature of Claimant

Verification by the concerned Department

This is to verify that the performance and attendance of Mr/Ms. _____, S/o. D/o _____, a student of M.E./M.Tech. (_____), _____ semester for the Month of _____ is satisfactory/ not satisfactory. It is recommended to release the teaching assistanceship to him/her.

Signature and name of Faculty In- Charge

HOD/Coordinator, _____ Engg.

Category of Expenditure (Put Tick in one Box) To be filled Nodal Officer (Academic Activities) (TEQIP – II)	<input type="checkbox"/> Expenditure on Masters students enrolled with TEQIP teaching assistanceship <input type="checkbox"/> Expenditure on PhD Students enrolled with TEQIP research assistanceship <input type="checkbox"/> Others. (Specify if Material)
Forwarded and Recommended	
Signature of the Nodal Officer (Academic Activities), TEQIP – II	
Approved / Not Approved	
Signature (with Seal) of the Director SATI Vidisha	

Budgetary provision checked. Please release the payment.

Nodal office (Finance)

Received Rs. _____ vide Cheque No. _____ dated _____

Signature of Claimant