## CLAIM FORM FOR TEACHING ASSISTANTSHIP

M.Tech & Intg. M Tech .....

(All items of the form must be filled)

1. For the month of ......Year **202**...

:

- 2. Name of the Scholar :
- 3. Enrolment No. :
- 4. Semester
- 5. Name of Supervisor :
- 6. Details of the work load tasks.

Weekly	Task Assigned	Work Done	Name of assigned	Signature/
hours			faculty	Remarks
8 hours				

Total: ......Hrs.

7. **Declaration**: I declare that the information given above is correct.

Signature of t	he Scholar
Mobile No.	:
Email Id	:

- 8. Checked and Verified by Supervisor:
- 9. Recommendation by HOD with date:
- 10. Approval of VC:

## Forwarded to