

Sir Shantilal Badjate Charitable Trust's

S. B. Jain Institute of Technology, Management & Research, Nagpur

(An Autonomous Institute, Affiliated to R.T.M. Nagpur University) NAAC Accredited with "A" Grade.

Hindi Linguistic Minority Institute, Approved by AICTE & DTE.

Our Vision: "Emerge as a leading institute for developing competent and creative professionals"

RESEARCH & DEVELOPMENT CELL

	KES	EARCH & DE	VELOI WIE	IVI CELL			
Session: Jan-June / Ju	ly -Dec	Reimbursement				Academic Year	
Teacher / Student	Form						
		For Certifi	cation Course	2			
1. Applicant Details Name of Applicant							
Department							
Designation						_	
	Contact No :						
Email Id	ior in the same head you are s	he same head you are applying					
for in this academic se		If yes then	If yes then, number of claims				
2. Course Details							
Title of Course							
Duration:	Credits :	Score :	Cate			tegory of Certification :	
Nature of Course (NP' *if other please mention	TEL/SWAYAM/Other)						
Date of Course	From To						
Whether the course is	AICTE/UGC Approved FDP	? (Yes/No)	Is the course l	pelong to domain? I	f so pleas	se Mention	
3. Details of Registra	tion Fee						
Particular			Amount claimed as per policy (in INR)			Amount Sanctioned (For Office Use)	
Registration Fee							
Any other Total							
Total							
Total (in words)							
	information furnished above is to being found false or incorrect at		ect to the best of r	ny knowledge and bo	elief. I un	nderstand the consequences of the	
Date:	<u> </u>	Remark:			Is	Signature of Applicant Signature	
Head of Departmen	t Forwarded/Rejected					Againtale	
Dean R&D	Approved/Not Approv	Remark:				Signature	
Principal	Approved/Not Approv	Remark:	nark:			Signature	
Management	Approved/Not Approv	Remark:			S	Signature	