Incentive form for Certification Courses [4]

Instructions: 1) All entries should be computerized 2. Strikeout which is not applicable 3) Follow the guidelines.

**Academic Year**

1. Applicant's Details: Academic Year

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Department:**  | **ME** | **EE** | **ET** | **CS** | **EMT** | **FY** | **MBA** |
|  **Applicant's Name Bold (Surname First)** |  **Mobile No:** |
| **Designation:**  |  **Student-Semester:** |  **Email Id:** |
|  **No. of times Incentive is claimed under this category during current academic year?** | **00** | **01** | **02** |

2. Course Details:

|  |  |
| --- | --- |
|  **Platform:** | **Title of Course:** |
| **Session:** | **Number of Weeks:** | **Score: %** | **Category:**  | **Credits:** |

3. Details of Registration:

|  |  |  |
| --- | --- | --- |
| **Registration Fee paid for any one Certification Course**  |  **Rs.**  |  **Permissible Claim as per policy Rs.**  |
| **Documents Attached**  | **1. Fee payment receipt**  |  **2. Certificate from Certification Authority** |

4. Declaration:

**1. Credits earned by me shall be assigned to the Institute.**

**2. If excess payment made to me is noticed, I will pay back.**

**3. The information furnished by me is correct.**

 **Signature of Applicant:**

 5. For office use:

|  |  |  |
| --- | --- | --- |
| **Authority** | **Comment**  | **Dated Signature**  |
| **Departmental Activity In-charge**  | **All details are filled in. Documents attached .** |  |
| **Head of the Department**  | **Claim may be please be approved**  |  |
| **Institute Level Activity In-charge** | **Verified details. Amount may be sanctioned.**  |  |
| **Principal** | **Approved**  |  |
| **CED** | **Recommended for payment of Rs** |  |

**6. For Accountant:**

Bank**: Cheque No: Date: Amount:**

 **Seal**

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