Incentive form for GATE Examination [2/4.1]

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant's Name Bold (Surname First)** | | | **Mobile No:** |
| **Department:** | **Semester:** | **Email Id:** | |

2. Course Details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Branch -** | | | |
| **Date of Examination:** | **Score: %** | **Category** | **Qualified?** |

3. Details of Registration:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Registration Fee paid for any one 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. 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** |  |
| **Activity In-Charge** | **The Claimant is GATE Qualified.** |  |
| **Principal** | **Approved** |  |
| **CED** | **Recommended for payment of Rs** |  |

**6. For Accountant:**

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

**Seal**

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