



இந்திய தகவல் தொழில்நுட்பக் கழகம், திருச்சிராப்பள்ளி
भारतीय सूचना प्रौद्योगिकी संस्थान, तिरुचिरापल्ली
INDIAN INSTITUTE OF INFORMATION TECHNOLOGY TIRUCHIRAPPALLI
(An Institute of National Importance under MoE, Govt. of India)
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CLAIM FORM

Purpose of Claim :

Date : Dept.:

Time :

Sl.No	Particulars	Amount claimed
1.	Honorarium	
2.	Travel Expenses (own vehicle)	
	Total (Rs.)	

Received a sum of Rs. _____/- (Rupees _____) from the Director, IIIT, Tiruchirappalli – 620012 towards Sitting Fee for the above mentioned work.

Bank Account Details

Name of the Account Holder :

PAN Number:

Bank Name:

Branch Name:

Account Number:

IFSC Code:

Name :

Designation :

Name of the Organization & Address:

Signature with Date:

Approved by

Director