



ACADEMIC OFFICE
NATIONAL INSTITUTE OF TECHNOLOGY
TIRUCHIRAPPALLI - 620 015, TAMIL NADU, INDIA

Requisition for Compensation Assessment

Name of the Student	:	
Roll No.	:	
Programme	:	B. Tech. / B. Arch. / B. Sc. B. Ed. / M. Tech. / M. Arch. / M.S.c. / MCA / MBA / MA
Department	:	
Specialization (for PG)	:	
Batch	:	
Semester	:	
Section	:	
Session	:	July / January _____

Courses_for Compensation Assessment

Sl. No.	Course Code	Course Title	Course Faculty	Faculty Signature
1.				
2.				
3.				
4.				
5.				
6.				

Date:

Signature of the Student

Kindly attach the following documents:

- A medical certificate, clearly stating the student's unfitness or need for rest on the day of the assessment, must be acquired exclusively from the medical officer of NIT-T hospital.
- Official letter from either the Sports (SAS) officer or the Associate Dean (Students Welfare) for engagement in off-campus institute-level sports activities.
- Requisite documentation endorsed by the Chairperson (Class Committee) and the Head of the Department for the participation in technical events like IEEE, ASCE, or ASME conferences, or similar activities.

For Office use

Chairperson (Class Committee)

Head of the Department