

Summer Research Internship - Expenditure Claim Form

Name of the Student(s):

Branch:

Year of Enrollment to Internship:

Name of the Guide with Department:

Title of the Internship Project:

Details of Expenditure:

| Sl. No | Item | Description | Invoice No/Date | Amount |
|--------|------|-------------|-----------------|--------|
| | | | | |
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(Please attach the original invoice)

Remarks by Dean (R&D):

Signature of Student(s)

Signature of the Guide

Signature of Dean (R&D)

Signature of Head of the Institute