FORM 20: Application Form for refunding GATE registration fees

Incomplete applications will not be processed Name of the student Fathers Name: Department: Roll No: Mail id: Mobile No. Name of the Bank: IFSC Code: Bank a/c No. (own account): Details of GATE registration (Documentary evidence must be submitted) **GATE Enrolment no. : GATE Registration No. :** Appeared in GATE Examination: YES/NO Score in GATE: Qualified GATE: YES/NO Rank: Declaration by the applicant: I hereby declare that Verified **OFFICE USE** the information provided by me is true in all respects. Signature of GATE coordinator Signature of student Name: ___ Coordinator (Academic) Name:_____ Date: **JEC-TEQIP** Date: _____ Expenditure: Sl. No. Amount claim **OFFICE USE Particulars** (Rs) Remarks **Amount Sanctioned OFFICE USE OFFICE USE** 1 **Registration Charges** (Documentary evidence must be submitted) **TOTAL** Verified by accounts officer: in words: Verified by Signature of student Coordinator, (Finance) Name:___ JEC-TEQIP Date: ___ OFFICE USE Forwarded to Principal for approval Approved / Not Approved Coordinator, JEC-TEQIP Principal, Jorhat Engineering College