



TEQIP-III

GATE Fee (Reimbursement) Form

Name of Student: _____

University Registration Number: _____

Branch: _____

Roll No.: _____

Contact Number: _____

DOB: _____

Email ID: _____

Father's Name : _____

Fathers Email ID _____

Fathers Phone No. _____

Adress: _____

GATE Admit Card: (To be attached) _____

GATE Score Card : (To be attached) _____

Bank Account Details _____

Bank Name and Branch: _____

IFSC Code: _____

AADHAR No. _____

Certificate:

1. Candidate enrolled in the department has appeared in GATE Exam and copy of score card attached for your reference.
2. Recommended for reimbursement of GATE Exam Fee.

Signature & Seal of HOD

Signature of GATE Coordinator

Signature of Dean SOE&T/Project Coordinator TEQIP-III