







विभाग का नाम  
मोतीलाल नेहरु राष्ट्रीय प्रौद्योगिकी संस्थान  
इलाहाबाद- 211004 (भारत)

NAME DEPARTMENT  
MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY  
Allahabad – 211 004 (India)  
Website: <http://www.mnnit.ac.in>

**Request for Director's Nominee in Evaluation Committee for the Renewal of the Project Staff**

**Director**

**Through-** Head and Dean (R&C)

**Sub:** Request for nominating members of the evaluation committee for the renewal of the Project Staff

**Title of the Project:**

**Name of Funding Agency:**

**Name, Designation and Department of the PI:**

**Name of the Project Staff and Position**

**Details of the Post:**

- |                     |   |
|---------------------|---|
| 1. Dean (R&C)       | Chairman  |
| 2. Head, Department | Member  |
| 3. Name of PI       | Convener  |
| 4. ....             | Director Nominee Member (May please be nominated) |

Forwarded

Signature of PI with date  
(PI)

Forwarded

Signature of HOD with date  
(HOD)

Selection Committee members nominated

Signature of Dean(R&C)  
Dean (R&C)

Signature with date of Director



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Name of Department  
MOTILAL NEHRU NATIONAL INSTITUTE OF TECHNOLOGY  
Allahabad – 211 004 (India)  
Website: <http://www.mnnit.ac.in>

**Request for Director's Nominee in Selection Committee for the Appointment of the Project Staff**

**Director**

**Through-** Head and Dean (R&C)

**Sub:** Request for nominating members of the Selection committee for the appointment of the Project Staff

**Title of the Project:**

**Name of Funding Agency:**

**Name, Designation and Department of the PI:**

**Details of the Post:**

The constitution of the Selection Committee will be as under:

- |                               |  |
|-------------------------------|--|
| 1. Dean (R&C)                 | Chairman                                     |
| 2. Name of Head of Department | Member                                       |
| 3. ....                       | Director Nominee Member (Other Department)   |
| 4. ....                       | Director Nominee Member (Concern Department) |
| 5. Name of PI                 | Convener                                     |

Signature of PI with date  
(Name of PI)

Forwarded

Signature of HOD with date  
(HOD)

Forwarded

Signature of Dean(R&C)  
Dean (R&C)

Selection Committee members nominated

Signature with date of Director



I certify that :

1. No concession was available.
2. Journey was actually performed in the class for which claim has been made/performed.
3. Journey was performed by the shortest route (if not the reason) and in the interest of the institute.
4. Journeys by road were performed in hired conveyance/borrowed conveyance for which proper charges have been paid by me.
5. TA for the above journeys has not been drawn from any other sources

I certify that the information as given above are true and to best of my knowledge and belief.

(Signature of the claimant with date)

Name .....

Address : .....

.....

.....

Certified that Mr./Ms./Dr. .... was required to travel for the reason as specified in the interest of the Institute and his/stay from ..... to ..... was necessary.

(Director/Head of the Department)

Head of Account :

Passed for payment/adjustment for

.....  
.....  
.....

Bill Asstt.

Sr. Supdt.

Asst. Registrar (R&C)

Dean(R&C)

Director