



NIPER Guwahati

## STUDENT STIPEND CLAIM FORM

STUDENT NAME: .....

REGISTRATION NUMBER: .....

DEPARTMENT:.....

FOR THE MONTH OF:.....

Date	1	2	3	4	5	6	7
8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31

Number of leaves availed:

Number of available leaves:

Signature of Supervisor

Signature of Student