

Communication Allowance as	per University	Grants Commission	Circular No: -06	/2015
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I Rev/ Prof/ Dr./Mr./ Ms/							l	ier	eby	k	ind	ly
request you to authorize for the settlement o	of commu	nicat	ion l	oill	s as	ре	er a	bo	ve	circ	ula	r.
 Full Name of Applicant (in block letter) 												
2. Designation												
3. Department / Division												
5. Department / Division												
		•		•								
4. Mobile Numbers Service Provider Mobile Phone Number	· c											
Service Frovider Mobile Filone Number												
5 J												
5. Internet Connection Number Service Provider Phone Number												
SLT I I I I I I I I I I I I I I I I I I I												
(Fixed Line Number (Besidence)												
6. Fixed Line Number (Residence) Service Provider Phone Number												
7. If the fixed line belongs to the spouse, his/her na	ame (Resi	denc	e)									
To the best of my knowledge, above facts are	true and	accu	rate	!								
Signature of Applicant		Date										
For office	Use only-											
<u>Details of communication Facilities</u> Office Lines	<u>Priva</u>	te line	<u>es</u>									
Service Provider Phone Numbers	Servic	Service Phone Numbers										
SLT	Provid SLT	er		_								
Monthly Ceiling amount	Mobiles SLT-Inte	rnet										
RS	SET-THEC	inct										
Annuavad / Nat Annuavad												
Approved / NotApproved												
_											-	
Date:		Regi	stra	r /	DR	Αc	lm	ınıs	tra	tior	1	