

APPLICATION FOR REIMBURSEMENT OF EXAMINATION EXPENSES

PART 1 - IDENTIFICATION INFORMATION

1. **Applicant's Name :** _____ **EPF No :** _____

2. **Department & Designation :** _____

3. **Contact No :** _____

4. **Are you absorbed to the Permanent Cadre?** YES ☐ NO ☐

5. **Have you previously applied for reimbursement of Examination Expenses?** YES ☐ NO ☐

6. **If YES how many times & attach details**

PART 2 - EXAMINATION INFORMATION

1. **Name of the Examination?** _____

2. **Name of the Institute (approved by the UGC or Professional Bodies)?** _____

3. **Course duration with effective dates?** _____

4. **Under which expenditure are you reimbursing?**

- i. Student registration fee ☐
- ii. Examination fees ☐
- iii. Course fee ☐
- iv. Student Membership fee ☐
- V. Exemption fee ☐

5. **Total cost incurred from the above expenditures(attach receipt)**

6. **Remarks(optional) :** _____

PART 3 – CERTIFICATION OF APPLICANT / HOD

I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant : _____

Date : _____

To be filled by HOD

Specify the relevancy of the course for the job : _____

Recommendation & Signature of HOD : _____

Date : _____

Recommendation & Signature of AGM - HR : _____

Date : _____