

PROFESSIONAL MEMBERSHIP DECLARATION AND CLAIM FORM

Membership for _____

Amount claimed (Rs.) _____

I have one professional membership as per Company policy

I do not have a professional membership as per Company policy

Self declaration

I confirm that the above details are true and take full responsibility if any further investigation or details may be requested.

Employee Name _____

Employee № _____

Employee Signature _____

Date _____

Line Manager's Name _____

Line Manager's Signature _____