**REIMBURSEMENT FOR MEMBERSHIP OF PROFESSIONAL BODIES (OFFICE NOTING)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the Applicant | | **{name}** | | **CHECKED** | **VERIFIED** |
| Designation and Dept. | | **{designation}, {department}, {institute}** | |  |  |
| Department/Faculty | | **{department}, {faculty}** | |  |  |
| Type of Membership | | **{type\_of\_membership}** | |  |  |
| Professional Body | | **{name\_of\_professional\_body}** | |  |  |
| Locale of Professional Body | | **{locale}** | |  |  |
| Membership Number | | **{membership\_number}** | |  |  |
| Amount Paid | | **{amount\_paid}** | |  |  |
| Payment Date | | **{payment\_date}** | |  |  |
|  | |  | |  |  |
| **SIGNATURES** | | | |  |  |
| **RECOMMENDATION** | | | | | |
| **OBSERVATIONS/**  **REMARKS** | **DEPUTY DIRECTOR** | | **DIRECTOR** | | |
|  | |  | | |
| **RECOMMENDED AMOUNT (Rs.)** |  | |  | | |
| **SIGNATURE** |  | |  | | |
| **SANCTION** | | | | | |
| **REMARKS**  **(If any)** | **CHAIRPERSON (RDC)** | | | | |
|  | | | | |
| **SANCTIONED AMOUNT**  **(Rs.)** |  | | | | |
| **SIGNATURE** |  | | | | |