



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

Sec-16-C, Dwarka Campus, Delhi-110 078

Website: www.ipu.ac.in

(OFFICE OF THE DIRECTOR (RESEARCH & CONSULTANCY))

Ph: 011-25302123 & email Id: drc@ipu.ac.in

L.No. GGSIPU/DRC/2022/1391

Dated: 03.08.2022

OFFICE ORDER

The Board of Management in its 77th meeting held on 14.06.2022 on the recommendations of the Finance Committee has approved the following revised guidelines for **Annual Membership Fee**:

The University will pay **Annual Membership Fee** of one registered/scientific/academic society to the regular faculty members of the University Schools of Studies in each financial year to encourage the research activities in the University subject to the upper limit of Rs. 20,000/- for National Societies and Rs. 30,000/- for International Societies.


(Registrar)

Copy to:

1. All Deans (USICT, USMS, USCT, USBT, USEM, USM&PMHS, USBAS, USHSS, USLLS, USE and USMC).
2. Director, (Academic Affairs), GGSIPU.
3. Director, (R&C), GGSIPU.
4. Director, CEPS, GGSIPU.
5. Director, CDMS, GGSIPU.
6. Director, (International Affairs), GGSIPU.
7. Director, (Development), GGSIPU.
8. Controller of Finance.
9. AR to Hon'ble Vice Chancellor for information please.
10. In-Charge server room for uploading on the University Website.
11. Guard File.



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
DWARKA, NEW DELHI-110078

Application for availing 'Payment of Annual Membership Fee of Registered / Scientific / Academic Society to the Regular Faculty Members of GGS IP University.

Block Financial Year -

S.No.	Particular	Detail
1.	Name of the Faculty & Designation	
2.	Date of regular appointment	
3.	Name of University School of Studies	
4.	Name of the Registered / Scientific / Academic Society Fee to be paid	
5.	Registration No. of Registered / Scientific / Academic Society	
6.	Complete Address of the Registered / Scientific / Academic Society	
7.	Details of Annual Membership Fee (copy of invoice to be attached)	Amount to be paid:
8.	Bank details where membership fee has to be paid:	Bank Account NO. _____ IFSC Code _____ Swift Code _____ Bank Name _____ Name of Branch _____

1. It is certify that I am a Member of aforementioned Registered / Scientific / Academic Society and Annual Membership Fee as per the details given above is due, and may kindly be paid directly to the Registered / Scientific / Academic Society.

OR

It is certify that I have paid Annual Membership Fees to the above mentioned Registered / Scientific / Academic Society (Sr. No. 4).

2. I have not claimed or submitted any other claim in respect of payment of Annual Membership Fees to the aforementioned Registered / Scientific / Academic Society during the current financial year.
3. I have attached invoice duly verified by the undersigned along with my application for payment of Annual Membership Fee to the Registered / Scientific / Academic Society.

Date

SIGNATURE OF THE APPLICANT

Enclosures to be submitted along with the claim:

1. Details of Registered / Scientific / Academic Society
2. Invoice / receipt of payment

SIGNATURE OF DEAN / DIRECTOR

FORWARDED TO

DIRECTOR, RESEARCH & CONSULTANCY

(i) The details provided by _____ have been examined and verified. An amount of Rs. _____ (_____ only) is recommended to be paid directly to Registered / Scientific / Academic Society as per details provided at Sr. No. 7 & 8.

OR

The details provided by _____ have been examined and found to be correct. An amount of _____ (_____ only) is recommended to be reimbursed to Dr. / Prof. _____ as per details provided at Sr. No. 7 & 8.

(ii) Entry has been made in the Register.

(iii) The Annual Membership Fee has not been paid in the current financial year.

(DEALING ASSTT.) / (SECTION OFFICER)

(DIRECTOR, RESEARCH & CONSULTANCY)

Finance & Accounts Branch (COF/FO/AAO/ Dealing Asstt.)

Annual Membership Fee claim as recommended by Director (Research & Consultancy) in respect of _____ has been checked in pursuance of Office Order No. GGSIPU/DRC/2022/1391 dated 03.08.2022 and found to be correct. An amount of _____ (_____ only) may be paid to Registered / Scientific / Academic Society **or** to Dr. / Prof. _____ (in case of reimbursement) as per details provided at Sr. No. 7 & 8.

(DEALING ASSTT.)

(ASSTT. AUDIT OFFICER)

(FINANCE OFFICER)

CONTROLLER OF FINANCE