



GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY

DWARKA, NEW DELHI-110078

Application for availing 'Payment of Annual Membership Fee of Scientific Body / Academic Association (Registered) 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 Scientific Body / Academic Association Annual Membership Fee to be paid	
5.	Registration No. of Scientific Body / Academic Association	
6.	Complete Address of the Scientific Body / Academic Association (Registered)	
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 Scientific Body / Association and Annual Membership Fee as per the details given above is due, and may kindly be paid directly to the Scientific Body / Academic Association.

OR

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

2. I have not claimed or submitted any other claim in respect of payment of Annual Membership Fees to the aforementioned Scientific Body / Association (Registered) 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 Scientific Body / Association (Registered).

Date**SIGNATURE OF THE APPLICANT****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 Scientific Body / Academic Association 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/COF/2014/ dated _____ and found to be correct. An amount of _____ (_____ only) may be paid to Scientific Body / Academic Association **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