

## Professional Body Membership Grant Approval Form

Dr./Mr./Ms. \_\_\_\_\_ (in Capital letters as per your bank account)  
Professor/Associate/Assistant Professor/of \_\_\_\_\_ Department has requested for  
grant towards Professional Body Membership. The details of applicant and professional body membership  
are as:

- Mobile No & Email id : \_\_\_\_\_
- Bank A/C Number : \_\_\_\_\_
- Name and IFSC code of Bank: \_\_\_\_\_
- PAN Number:: \_\_\_\_\_
- Name of Professional Body Membership: \_\_\_\_\_
- Academic Year: \_\_\_\_\_
- Professional Body membership Valid for : \_\_\_\_\_
- Professional Body Membership fees : \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

**Remarks (if any):**

**Coordinator**

**Signature of HOD/Chairman, DRC**

After reviewing the above details, as per the University norms, **recommended/ not recommended**  
Rs \_\_\_\_\_ for Professional Body Membership.

\_\_\_\_\_  
**Director Research**

**Approved/ Not Approved**

\_\_\_\_\_  
**Vice Chancellor**

Encl: (i) Original receipt of Professional Body Membership (ii) Copy of Professional Membership ID Card