**Reimbursement of Membership Fee of Professional Body**

**Fiscal Year: (July 1, 2023 – June 30, 2024)**

|  |  |  |
| --- | --- | --- |
| **Name of the Applicant** | **:** |  |
|  |  |  |
| **Affiliation** | **:** |  |
|  |  |  |
| **Name of the Professional Body** | **:** |  |
|  |  |  |
| **Amount Applied for** | **:** |  |
|  |  |  |
| **Available Balance****[To be filled up by the office]** | **:** | **BDT** |
|  |
| **Remaining Balance****[To be filled up by the office]** | **:** | **BDT** |

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**Signature of the Applicant Signature of Head/Director/ Convenor of UIU Research**

**Date: Coordinator of the Dept./ Incentive Evaluation**

**Program/Institute Committee**

 **Date: Dates**

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***(For Office Use only)***

Tk.

may kindly be sanctioned. Approved

**\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Registrar Vice Chancellor**