**Reimbursement of the Registration Fee for Publishing Paper(s) in Scopus-indexed Conference for Students**

|  |  |  |  |
| --- | --- | --- | --- |
| **Details of Applicant** | | **:** | **Name:**  **Student ID:**  **Dept.:**  **Email:**  **Phone Number:** |
|  | |  |  |
| **Co-Author(s) (if any)** | | **:** | **Name:**  **Student ID:**  **Dept.:**  **Email:**  **Phone Number:** |
|  | |  |  |
| **Name of the Supervisor(s)**  [with Affiliations] | | **:** |  |
|  | |  |  |
| **Name of the Conference** | | **:** |  |
|  | |  |  |
| **Title(s) of Paper(s) Published** | | **:** |  |
|  | |  |  |
| **a.**  **b.**  **c.** | **Organizing Institution**  **Venue**  **Date** | **:**  **:**  **:** |  |
|  | |  |  |
| **Amount Sanctioned Earlier (If any)**  **in the Current Financial Year**  **(July 1, 2023 – June 30, 2024)** | |  |  |
|  | |  |  |
| **Balance Amount** | |  |  |
|  | |  |  |
| **Amount Applied for** | |  |  |
|  | | | |

Please note:

* **The application must be submitted within 24 (twenty four) months of the date of the Conference.**

**□ I, the supervisor, hereby confirm that the amount applied for was entirely spent by the students and no other application was not / will not be submitted for the same paper.**

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**Signature of the Signature of the Signature of the Head/ Convenor of UIU**

**Applicant Supervisor Director/Coordinator Research Evaluation**

**Date: Date: Of the Dept./Program Committee**

**Institute Date:**

**Date:**

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

Tk. Approved

may kindly be sanctioned.

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

**Registrar Vice Chancellor**