**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**