

APPLICATION

(For Reimbursement of Conference Registration fees & Journey Fare From MCDC)
(For Teaching Staff only)

1. Name of Applicant :
2. Mobile No. :
3. Designation :
4. Department :
5. Name of Conference :
6. Date & Place of Conference :
7. Title of Paper/ Poster Presented :
8. Amount of Registration Fees :
9. Details of Journey :

Sr. No.	From (Station)	To (Station)	Journey Date	Traveled By	Fare	Remarks
1						
2						
3						
4						
5						
6						
				Total		

I have not claimed any amount for this purpose during this financial year and this is my first claim.

Date: / / 201

Signature of Applicant

Note : Applicant must submit the copy of all above Documents.

No. GMCS/ / /201
_____Department,
Govt. Medical College, Surat.
Date: / /201

Forwarded To the MCDC with recommendation for necessary action.

Signature & Stamp of HOD