

## APPLICATION

(For Reimbursement of Conference Registration fees & Journey Fare from MCDS)  
(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 Rs.		

### 10. Bank Details

**Bank Name:-**

**Branch Name:-**

**Bank Account Number:-**

**IFSC:-**

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

**Date:**     /     /

**Signature of Applicant**

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

No. GMCS/     /     /20  
\_\_\_\_\_Department,  
Govt. Medical College, Surat.  
Date:     /     /20

**Forwarded To the MCDS with recommendation for necessary action.**

Signature & Stamp of HOD