



**GURU GOBIND SINGH
INDRAPRASTHA UNIVERSITY**

DWARKA, DELHI - 110 075.

File No.: GGSIPU/COF/2014/ 343

Dated: 8th December, 2014

OFFICE ORDER

Sub: Payment of Annual Membership Fee of Scientific Body / Academic Association to the regular Faculty Members - regarding.

The Board of Management in its 59th meeting held on 7th November, 2014 on the recommendations of the Finance Committee has approved that the University will pay Annual Membership Fee of one Scientific Body (Indian/Foreign) / Academic Association (Registered) to the regular faculty members of the University Schools of Studies in each financial year to encourage the research activities in the University.


(S.K. Tanwar)
Controller of Finance

Copy to:

1. All Deans, GGSIPU (USBT/USCT/USBAS/USCIT/USEM/USMS/USLLS/USHSS/USE/USMC)
2. All Directors, GGSIPU
3. Director (Research & Consultancy)
4. All Heads of School / Branch / Deptt., GGSIPU
5. Controller of Examinations, GGSIPU
6. Superintending Engineer, UWD, GGSIPU
7. Librarian, GGSIPU
8. Dy. Registrar, Public Relation, GGSIPU
9. ✓ Chairman, UCITIM - with the request to upload the same in the University Website under the link of Accounts Branch
10. F.O./II/UWD
11. A.R. to Vice Chancellor
12. A.R. to Registrar
13. P.S. to Pro-Vice Chancellor
14. Guard file.


(Shailesh Gupta)
Finance Officer-I



Form 16

GURU GOBIND SINGH INDRAPRASTHA UNIVERSITY
DWARKA, NEW DELHI-110078

Application for availing 'Payment of Annual Membership Fee of Scientific Body / Academic Association (Registered) to the Regular Faculty Members of GGS IP University.

Block Financial Year

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| S.No. | Particular | Detail |
|-------|---|--|
| 1. | Name of the Faculty & Designation | |
| 2. | Date of regular appointment | |
| 3. | Name of University School of Studies | |
| 4. | Name of the Scientific Body / Academic Association Annual Membership Fee to be paid | |
| 5. | Registration No. of Scientific Body / Academic Association | |
| 6. | Complete Address of the Scientific Body / Academic Association (Registered) | |
| 7. | Details of Annual Membership Fee (copy of invoice to be attached) | Amount to be paid: |
| 8. | Bank details where membership fee has to be paid: | Bank Account NO. _____ IFSC Code _____ Swift Code _____ Bank Name _____ Name of Branch _____ |

1. It is certify that I am a Member of aforementioned Scientific Body / Association and Annual Membership Fee as per the details given above is due, and may kindly be paid directly to the Scientific Body / Academic Association.

OR

It is certify that I have paid Annual Membership Fees to the above mentioned Scientific Body / Academic Association (Sr. No. 4).

2. I have not claimed or submitted any other claim in respect of payment of Annual Membership Fees to the aforementioned Scientific Body / Association (Registered) during the current financial year.
3. I have attached invoice duly verified by the undersigned along with my application for payment of Annual Membership Fee to the Scientific Body / Association (Registered).

Date**SIGNATURE OF THE APPLICANT****SIGNATURE OF DEAN / DIRECTOR****FORWARDED TO**

DIRECTOR, RESEARCH & CONSULTANCY

(i) The details provided by _____ have been examined and verified. An amount of Rs. _____ (_____ only) is recommended to be paid directly to Scientific Body / Academic Association as per details provided at Sr. No. 7 & 8.

OR

The details provided by _____ have been examined and found to be correct. An amount of _____ (_____ only) is recommended to be reimbursed to Dr. / Prof. _____ as per details provided at Sr. No. 7 & 8.

(ii) Entry has been made in the Register.

(iii) The Annual Membership Fee has not been paid in the current financial year.

(DEALING ASSTT.) / (SECTION OFFICER)

(DIRECTOR, RESEARCH & CONSULTANCY)

Finance & Accounts Branch (COF/FO/AAO/ Dealing Asstt.)

Annual Membership Fee claim as recommended by Director (Research & Consultancy) in respect of _____ has been checked in pursuance of Office Order No. GGSIPU/COF/2014/ dated _____ and found to be correct. An amount of _____ (_____ only) may be paid to Scientific Body / Academic Association **or** to Dr. / Prof. _____ (in case of reimbursement) as per details provided at Sr. No. 7 & 8.

(DEALING ASSTT.)

(ASSTT. AUDIT OFFICER)

(FINANCE OFFICER)

CONTROLLER OF FINANCE