

**APPLICATION FORM - REIMBURSEMENT OF SUBSCRIPTION FEE TO  
SCIENTIFIC AND PROFESSIONAL INSTITUTIONS/SOCIETIES**

**INSTRUCTIONS**

Your attention is drawn to UGC Cir. No. 951 dated 18.03.2011 & State Public Finance Cir. No. 01/2020. Use following links for more details.

- a. [http://www.ugc.ac.lk/attachments/858\\_Comm.%20Circular%20951.pdf](http://www.ugc.ac.lk/attachments/858_Comm.%20Circular%20951.pdf)
- b. <https://www.treasury.gov.lk/web/public-finance-department-circular/section/2020>

An academic staff member who requested to reimburse the subscription/ membership fee up to one (01) local or foreign recognized societies/scientific societies & professional Institution should submit this application through HOD, Dean and DVC Academic.

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1. Name of the Applicant : .....
2. Designation : .....
3. Nature of Appointment:  Permanent  Military Academic
4. Department/Faculty : .....
5. Name of the Institute : .....  
 Local  Foreign
6. Corresponding e-mail address with the Institution requesting subscription fee (should be your KDU email) : .....  
  
(A copy of the screen-shot of personal profile (contact information) in the web site of said Institution should be attached as a proof for the above)
7. Year for subscription fee requested : .....
8. State the relevance of the institute: .....  
.....
9. Amount of subscription fee requested : .....
10. Have you received a financial support for subscription fee before? **Yes/No**  
If yes, Year ..... Amount .....  
Name of the institute .....
11. Have you submitted an original payment receipt **or** certified copy of payment receipt by HOD or Dean of the Subscription/Membership fee and other related documents? **Yes/No**

Date .....

Signature of the applicant .....

**-For Office use only-**

12. To: Dean of the Faculty of .....

Recommendation of the HOD

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Signature of the **Head of the Department** of ..... Date: .....

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13. To: DVC (Academic)

Recommendation of the Dean

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Signature of the **Dean** of the Faculty of ..... Date: .....

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14. To: SAR/DR (Establishments)

Recommended/ Not recommended.

Signature of **DVC (Academic)** ..... Date: .....

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15. To: Registrar

Upon the above recommendations of the HOD, Dean and DVC (Academic), eligible/not eligible for reimbursement of subscription fee amount of ..... as per the UGC Cir. No. 951 and subsequent amendments of State Public Finance Circular No 01/2020, under section II/(10).

Signature of **DR/ SAR (Establishment)** ..... Date: .....

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16. To: Vice Chancellor

Recommended/ Not recommended and request approval please.

Signature of the **Registrar** ..... Date: .....

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17. Approval of the Vice Chancellor

Approved/ Not approved the reimbursement of subscription fee.

Signature of the **Vice Chancellor** ..... Date: .....

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**18. Actions taken**

Respective AR/SAR of faculty,  
Forwarded for your necessary action please.