

IPS-03
CLAIM FORM
INDIAN PHARMACOLOGICAL SOCIETY
(To be returned to the Finance Secretary)

Name : _____

Designation: _____

Organization: _____

Address for correspondence: _____

Phone: (O) _____ **(R)** _____ **Mobile:** _____

Fax: _____ **Email:** _____

Status in IPS: _____

Claiming Details: _____

Venue/Date : _____

Expenditure Details -Total Amount: _____
(Submission of Vouchers / tickets)

Declaration:

I _____ hereby declare by the above amount is not been claimed from any other agency.

Signature

Received Rs. _____ **from Finance Secretary towards** _____

Signature