OFFICE OF THE REGISTRAR
UNIVERSITY OF CHILD HEALTH SCIENCES, LAHORE
Ferozepur Road, Lahore Phone # (92) (42) 99232216, 99230901-23 Ext. 2009, 2045
Email: registrar@uchs.edu.pk | Web: https://www.uchs.edu.pk

WORKSHOP / TRAINING REIMBURSEMENT CLAIM FORM

1. Applicant Information

Sr. No.	Particulars	Details
1	Name of Applicant	
2	Father's / Husband's Name	
3	Designation / Discipline	
4	Department	
5	CNIC No.	
6	Contact Number	

2. Workshop / Training Details:

Sr. No.	Particulars	Details
1	Name of Workshop / Course / Training	
2	Organizing Institute / Organization	
3	Registration Fee Paid (Rs.)	

3. Bank Account Details:

Particulars	Details
Account Title:	
Account Number:	
IBAN Number:	
Bank Name:	
Branch Code:	
Branch Address:	

4. Applicant's Declaration:

I hereby certify that the information provided above is true and correct to the best of my knowledge and belief. I further certify that I attended the above-mentioned workshop/training and paid the registration fee. The reimbursement claim is submitted in accordance with the applicable rules, regulations, and policies of the University of Child Health Sciences, Lahore.

Date: _____

Documents Attached:

Sr. No.	Document	Attached
1	Course / Workshop Registration Form	☐
2	Course / Workshop Registration Fee Receipt / Proof of Payment	☐
3	Copy of CNIC	☐

Head of Department (HOD)	Applicant
Signature: _____	Signature: _____
Name: _____	Name: _____
Designation: _____	Designation: _____
Department: _____	Department: _____
Date: _____	Date: _____
Stamp:	