**PERFORMA\_D**



REIMBURSEMENT FORM FOR CAP

Name of the ICSI Counsellor:

Assigned District/ State / Region:

1. REIMBURSEMENT FOR CAREER AWARENESS PROGRAMMES

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Date****&****Time** | **Name of School/ College** | **Principal / HOD of Commerce Deptt.** | **Contact No. &****E-mail ID** | **Address of School / College** | **City** | **CS Member (s) / ICSI Officials Present****(If any)** | **Total No. of participants** | **Details of Students Registered****(Mention Name & Registration number of each Student)** | **Amount Claimed****& related Bills and Vouchers details** |
| 1 |  |  |  |  |  |  |  |  |  |  |

Check list:

* 1. Letter for completion of career awareness programme from the concerned institutions on their letterhead where the CAP has been conducted, mentioning number of Participants.
	2. Attendance Sheet for each Career Awareness Programme in the following format:

Name of the Institution:

Date & Time of the CAP:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sl.****No.** | **Name of the participant** | **Father’s / Mother’s Name** | **Status****Student/ Teacher/Faculty/ Employee/**  | **Contact No.****(**Mobile number and/or landline number) | **E-mail ID** | **Signature** |
| **1.** |  |  |  |  |  |  |

* 1. 5 Distinguished Photographs containing –
	2. Nos. of participants (Photograph to be taken to reflect all the participants of the programme with Counsellor addressing the gathering).
	3. Reflecting Banners of ICSI placed during Career Awareness Programmes.
	4. Photograph of Chief Guest (If any) addressing the gathering.
	5. Board/ fascia of the venue where the programme is being conducted
	6. View of the premises

**Place:**

**Date: Signature**