**Professional Development Claim Form**

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| **Employee Information** |
|  **Name:** |
|  **Position:** |  **Entity Name:** |
|  **Joined date:** |  **Department:** |
|  **Mobile:** |  **Email Address:** |
|  **Information of Professional Development Course** |
| **Course Title:** |  **Date of Exam Result :** |
| **Achievement :** |  **Name of Institute :**  |
| **Actual Exam Fee :** **Claim Amount ( 80 % of Exam Fee – Up to USD 1500) :**  **Claim Amount (50% of Exam Fee – From USD 1501 – USD 3000) :** **Original Receipt and Invoice (Fees) Proven Track Record / Document (Certificate)**   |
| **Requested by Employee (Signature) : Date :**  |
|  **Recommended by Department Head** **Signature:** **Name:** **Position:** **Date :** |  **Approved by Entity Head** **Signature:** **Name:** **Position:** **Date :** |
|  **Verified by HR Department** **Signature:** **Name:** **Position:** **Date :** |  **Reimbursed by Finance Department** **Signature:** **Name:** **Position:** **Date :** |

**Form B**