



अखिल भारतीय आयुर्विज्ञान संस्थान रायपुर (छ.ग.)
ALL INDIA INSTITUTE OF MEDICAL SCIENCES RAIPUR (C.G.) 492099
WITHIN INDIA

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC
MEETINGS/CONFERENCE/SYMPOSIA/SEMINARS/WORKSHOPS/SHORT
TERM TRAINING ETC. IN INDIA

1	Name & Designation of the Faculty/Officer	
2	Date of Birth	
3	Date of Appointment as faculty member	
4	Detail of the Meeting/Conference/Symposium/ Seminar /Workshop/Short-term Training etc with venue	
5	Detail of the Organizing Instruction	
6	Whether Invitation has been received. If yes, a copy of the same to be enclosed	
7	Whether the above Organization is a private Instruction	
8	Title of the Meeting/Conference/Symposium/ Seminar/Workshop/ Short-term Training etc. to be held	
9	City /State where the proposed Meeting/Conference/Symposium/Seminar/ Workshop/Short-term Training etc. is to be held	
10	Duration of the proposed meeting etc.	
11	Whether he/she is attending the entire period of the meeting etc. If not, indicate, the actual date of participation.	
12	Date of Departure from the headquarters & arrival after attending the meeting etc.	
13	Are you presenting any Scientific paper/Chairing session/Delivering lecture during the period of attending the meeting etc. (enclose the documentary evidence)	
14	Whether reg. fee only or TA/DA/Reg. fee is required by from the institute?	
15	State the facilities in term of TA, boarding loading and remuneration/ honorarium etc. being provided by the organizers/host institution or any other institution/agency. Furnish the documentary evidence for the same.	
16	Name of the funding institution/agency. Whether it is profitable charitable.	
17	Name of last three conferences etc. and other academic activities attended with date & place in the current financial year.	
18	Whether report submitted? If not, why not?	
19	In what manner has the Knowledge/Experience acquired been applied at the institute?	
20	What is the area of research the faculty is working in the institute?	
21	How the Conference etc. is related to the area of research?	
22	Name of the faculty who will look after the duties during his/her absence	
23	How the participation in the Meeting/Conference/Symposium/ Seminar/Workshop/Short-term Training etc. in question will benefit in his work at the institute	

Certified that the details furnished above by me are correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the aforesaid meeting/conference/symposium/seminar/workshop/short-term trainings etc. is in accordance with the existing guidelines of the institute and I will furnish the participation certificate as soon I return from the same.

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Date

(Signature of the Applicant)

A. If more than one faculty member (s) officer (s) is attending the conference etc. the following column may be filled up the Head of the department.

Sl. No.	Name & designation of the faculty member	Actual duration of participation in the conference etc.	Source of funding

B. Please state below the faculty member who will be available in the department during the period of their (Mentioned at 'A' above) absence:

Sl. No.	Name & designation of the faculty member	Actual duration of participation in the conference etc.

(While forwarding the applications, the Head of the department should ensure that 50% of the total strength of faculty (in position) of the concerned centre/department is available in the centre/department during the duration of the meeting/conference /symposium /workshop/short-term training in question)

Recommendations of the Head of the Department
With Signature & Office Stamp.