

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

WITHIN INDIA

**APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC
MEETINGS/CONFERENCES/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	Details of the meeting/ conference/ symposium/seminar/ workshop/short-term training etc with venue	
5.	Details of the organizing Institution	
6	Whether invitation has been received. If so, a copy of the same be enclosed	
7	Whether the above organization is a Private Institution	
8	Title of the meeting/Conference/ symposium/ seminar/workshop/short-term trainings etc. is to be held	
9	City / State where the proposed Meeting/ Conference / symposium / seminar / workshop / short-term trainings 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 from the Institute?	
15	State the facilities in terms of TA, boarding lodging 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 private Charitable?	
17.	Names of last three conferences etc. and other academic activities attended with dates & place in the current financial year (i.e. from 1 st April to 31 st March, 2010)	
18.	Whether reports submitted? If not, why?	
19.	In what manner has the knowledge/experience acquired been applied at the Institute	

P.T.O.

20.	What is the area of research the faculty is working on in the Institute	
21.	How is the conference etc. 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 trainings etc. in question helps 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 as I return from the same.

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 Chief of the Centre/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 members 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 Chief/Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Centre/Department should be available in the Centre/Department during the duration of the meeting/conference/symposium/workshop/short-term training in question)

Recommendations of the Chief of the Centre/Head of the Department with Signature & Office Stamp.