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**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, Mangalagiri, A.P.**

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETINGS/ CONFERENCES/ SYMPOSIA/WORKSHOPS/ SHORT TERM TRAINING ETC. **WITHIN INDIA**

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| --- | --- | --- |
|  | Name & Designation of the Faculty/Officer |  |
|  | Date of joining as faculty member |  |
|  | Details of the meeting/ conference/ symposium/ seminar/ workshop/ short- term training etc with Date (From/To) Venue, City, State |  |
|  | Name of the organizing Institution (SPECIFY: Private/Govt) |  |
|  | Whether invitation has been received. If so, a copy of the same be enclosed. |  |
|  | Specify: is the event organized by a registered association (All India/ State bodies) etc. |  |
|  | Date of departure from the Headquarters & arrival after attending the meeting etc. | Departure Date& time: |
| Arrival Date & time : |
|  | Total No. of days &leave availed (Inclusive of Departure & arrival) |  |
|  | Are you presenting any Scientific Paper/ Chairing Session/ Delivering lecture during the period of attending the meeting etc. (enclose the documentary evidence). |  |
|  | Whether Reg. Fee only or TA/ DA/ Reg.Fee is required from the Institute? |  | Estimated amount in round figure |
|  | 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 |  |
|  | Name of funding Institution/ Agency. Whether it is Private Charitable? |  |
|  | Names of last three conferences etc. and other academic activities attended with dates & place in the current financial year (i.e. from 1st April to 31st March) with financial assistance from AIIMS, MG |  |
|  | Whether reports submitted? If not, Why? |  |
|  |  Name of the faculty who will look after the duties during his/her absence |  |
|  | No. of Academic Leave Availed prior to this  |  |
|  | Whether the proposed tour is within the limit of 42 days as per Guidelines no. 04 clause-X of AIIMS New Delhi guidelines dated 17/10/2015 |  |

Certified that the details furnished 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)

 **P.T.O**

** 2**

1. If more than one faculty member(s)/ Officer (s) is attending the Conference etc. the following column

Is to be filled up by the applicant faculty/ Chief of the Centre/ Head of the Department.

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| --- | --- | --- | --- |
| **SI****No.** | **Name & Designation of the faculty****member** | **Actual duration of participation in the Conference etc.** | **Source of funding** |
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1. Please state below the faculty members who will be available in the Department during the period of their (mentioned at ‘A’ above) absence:

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| --- | --- | --- | --- |
| **SI** | **Name & Designation of the faculty** | **Actual duration of participation in the Conference etc.** |  |
| **No.** | **member** |  |
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*(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 during the duration of the meeting/Conference/ Symposium/ Workshop/ Short-term training in question)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For office use | Academic Leave at His/her credit for the year (a) | Previously availedAcademic leave for the year (b) | Now appliedAcademic leave(c) | Balance(d)D=a-(b+c) |
|  |  |  |  |

**Recommendations with Signature & Office Stamp.**

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| Head of the Department |  |
| Dean |  |