



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORTTERM TRAINING OR COURSE OR PROGRAMME ABROAD [FOR FACULTY]

PART - A

1	Name of the Faculty & Employee ID																		
2	Designation & Department																		
3	Date of Birth																		
4	Date of appointment [as faculty member]																		
5	Nature of leave requested (AL/EL/CL)																		
6	Name of the event																		
7	Nature of the Event: a. Conference/Meeting/Symposium/CME/ Workshop b. Training																		
8	City & country where the proposed event is to be held																		
9	Duration of proposed event with dates																		
10	Address, Contact Number and email during the proposed visit																		
11	Whether the applicant is attending the entire period of event. If not, indicate the actual period of participation with dates.																		
12	Date of departure, FN/AN	Date of return, FN/AN	Date of joining, FN/AN	No of days of leave															
13	Nature of participation (attach evidence) (Presenting a scientific paper/Chair /Invited/ Speaker/Workshop faculty/Trainee in a course/ Others-specify)																		
14	Name of the organizer of the event																		
15	Status of organizer: a. Government/International's organization (WHO etc.)/University. b. Professional society/association (International) c. Private organization d. Others (Give the details)																		
16	Name of the source/s of Funding to meet the expenditure for the proposed visit. Specify the component of financial support required from AIIMS, Mangalagiri /other than AIIMS Mangalagiri. a. Full Funding From AIIMS: Yes/NO/Partial (if funding is from AIIMS, specify components to be covered from the same) b. LRA Full/Partial funding from LRA (specify/ components to be reimbursed from LRA		In case of funding from AIIMS Mangalagiri/ LRA. The components of funding & amount: <table border="1"> <thead> <tr> <th></th> <th>Amount in Rs.</th> <th>Sources/ AIIMS/ LRA</th> </tr> </thead> <tbody> <tr> <td>Regn Fee</td> <td></td> <td></td> </tr> <tr> <td>Air - Fare</td> <td></td> <td></td> </tr> <tr> <td>Visa Fee</td> <td></td> <td></td> </tr> <tr> <td>Hotel Charges</td> <td></td> <td></td> </tr> </tbody> </table>			Amount in Rs.	Sources/ AIIMS/ LRA	Regn Fee			Air - Fare			Visa Fee			Hotel Charges		
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Regn Fee																			
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Visa Fee																			
Hotel Charges																			

		DA	Rs.	
		Medical Insurance	Rs.	
		Total: Rs.		
17	Source of funding from Project Fund/Govt. Source i. Project Fund or ii. ICMR/DBT/DST iii. Any other Govt. Source	Details of funding from Project/Other Govt Sources: • Reg. Fee • Air Fare • Boarding • Lodging • Honorarium/Remuneration Amt:		
18	If funding from all other sources, than above nature of sources: a) Foreign Government/International Organization (WHO etc.) b) Foreign professional society/association c) Indian professional society/association d) Private organization e) Self f) Any Other (Specify)	Details of Funding from one of these sources:		
19	In case funding from AIIMS, furnish the following along with relevant attachments: a) Acceptance letter from the organizers b) Copy of Abstract of Scientific Paper c) Brochure of the event d) Consent from all co-authors for presentation of scientific paper e) Research Project details under which the work was carried out. f) Ethical clearance for the said project work			
20	What is the likely benefit to the applicant and AIIMS from this participation?			
21	Whether NOC for applying VISA is required	YES	NO	
22	a) Name, dates and destination of the events attended abroad with financial support from AIIMS, Mangalagiri/LRA/Research Project in the current Financial Year. b) Name date & destination of events attended with funding other than AIIMS/LRA/Research Project in the current FY. c) Details of events attended with own Funds.			
23	Whether departure, joining and participation reports submitted in r/o last academic event attended			
24	Name the faculty who will look after the duties during the applicant's absence from headquarters for the purpose.			

Undertaking: Certified that the information furnished above by me are true and correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the aforementioned event 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. I also undertake that I will return to India on the expiry of my leave and will not accept any job or join any course during the period of my stay abroad, failing which I will be liable to disciplinary action as required under CCS (Conduct Rules), 1964.

Date:

(Signature of the applicant)

FOR HEAD OF THE CONCERNED DEPARTMENT/CHIEF OF CENTRE'S USE ONLY

- A.** In case more than one faculty members(s) is attending the Conference etc., the following column may be filled up by the Head of the Department

S. No.	Name & Designation of the Faculty member	Actual duration of participation

- B.** Faculty member who will be available in the concerned Department/Centre during the period of participation of the faculty members as indicated at Part 'A' above

S.No.	Name & Designation of the faculty member	Duration

While forwarding the applications, the Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Department should be available in the Department during the duration of the Conference etc.

C. Checklist :

1	Reason of participation is valid/justifiable	YES	NO
2	Funding is from AIIMS, the registration fee for the event is justifiable based on nature of event.	NA	YES
3	The event is organized by a recognized professional society/institution and in the area of specialization of the applicant faculty.	NA	YES
4	Though the event is organized by a private entity/industry, the reason for participation is justified and no hospitality is being taken from it.	NA	YES
5	Funding is being provided by an Indian agency/society other than Indian government organizations, the applicant is unlikely to have an influence on approval of funding.	NA	YES
6	There is no pending work flagged by the Dean (Academic/Research/Exam) against the faculty.	YES	NO
7	Whether the Government servant is handling large amounts of Government cash	YES	NO
8	Whether the Government servant is dealing with secret/ top secret matters	YES	NO
9	Any Other comment		

Date:

(Signature & Recommendation of Head of the Department)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI
PROFORMA TO APPLY FOR PRIVATE FOREIGN VISITS
(If No fund is requested from the Institute)
PART - B

1.	Name of the Faculty & Employee ID			
2.	Designation and Department			
3.	Passport No.			
4.	Nature of leave (EL/CL)			
5.	Period of leave required			
6.	Date of departure (FN/AN)			
7.	Date of return (FN/AN)			
8.	Date of joining duty (FN/AN)			
9.	Period to be spent abroad			
10.	Country/Countries to be visited			
11.	Purpose of visit			
12.	Address, Contact number and email ID during the proposed foreign visit			
13.	Whether NOC for applying VISA is required	YES	NO	
14.	Estimated total expenditure on visit			
15.	Source of funds: Personal/other sources			
16.	If funding from other sources, details of the same			
17.	Details of previous private foreign travel, during the last Four (4) years	Period of Travel	Foreign Countries visited	Purpose

Undertaking: Certified that the information furnished above by me are true and correct to the best of my knowledge and nothing has been concealed. I undertake that I will return to India on the expiry of my leave and will not accept any job or join any course during the period of my stay abroad, failing which I will be liable to disciplinary action as required under CCS (Conduct Rules), 1964

Date:

(Signature of the applicant)

Checklist for forwarding officer: (HOD/Chief)

1.	Source of Funding Mentioned.	
2.	There is no pending work flagged by the Dean (Academic/Research/Exam) against the faculty.	
3.	Whether the Government Servant is handling large amounts of government cash (YES/NO)	
4.	Whether the Government Servant is dealing with Secret/Top Secret matters (YES/NO)	
5.	Any other comment	

Date:

(Signature & Recommendation of Head of the Department)

UNDERTAKING

I hereby undertake

1. That the duration of my stay in abroad will not exceed the specified period
2. That I will not seek for any extension of stay abroad under any circumstances
3. That I will not draw any salary or any part of it in foreign exchange
4. That any extension of my stay abroad may be treated as unauthorized absence resulting in starting of disciplinary proceedings against me
5. That I will not take any job/assignment in abroad
6. That I will not resign from my present post or seek for voluntary retirement while I am in abroad
7. That I will not accept any hospitality from the foreign government
8. In case of extension due to medical reasons then I will produce the Medical Certificate from a hospital approved by the India Embassy concerned and not from any other source which would not be considered valid

Date:

(Signature of the applicant)

Name:

PART – C

To be filled by Administration

1. Whether any case involving serious charges against the above employee is under investigation (Details)

YES/ NO

2. Whether any disciplinary proceeding/ criminal case is pending against the Government servant (Details)

YES/ NO

3. Whether the Government Servant is under Suspension.

YES/ NO

Date:

(Signature)

Name:

Designation: