



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORTTERM TRAINING AND WORKSHOP IN INDIA AND ABROAD [FOR RESIDENTS]

PART - A

1.	Name & ID no. of the Candidate	
2.	Designation & Department	
3.	Date of Joining	
4.	Type of Leave (AL/EL)	
5.	Leave Requested (Total No. of days)	
6.	Details of Conference	
7.	Actual Date of Conference / Symposium/Meeting etc. (Attach Brochure)	
8.	Whether the applicant is attending the entire period of event if not, indicate the actual date (s) of participation	
9.	Details of Paper/Poster accepted (Please attach copy of Abstract, Acceptance letter and No Objection from Co- Authors)	
10.	His/ Her Role in Conference/ Meeting/ Symposium/ Workshop (Please enclose/ Acceptance/ Invitation Letter)	
11.	Date of Departure from Head Quarter	
12.	Date of Joining after Attending the event	
13.	Total No. of Academic Leaves availed	
14.	Total No. of Conferences/CME/ Workshops/ Symposia attended in Current FY with details of date/ duration etc.	

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 or guidelines/ rules of the Institute as applicable.

Date:

(Signature of Candidate)

(Signature & Recommendations of Head of the Department)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI

PROFORMA TO APPLY FOR PRIVATE FOREIGN VISITS

PART - B

1.	Name & ID no. of the Candidate	
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.	Estimated total expenditure on visit	
13.	Source of funds: Personal/other sources	
14.	If funding from other sources, details of the same	
15.	Details of previous private foreign travel, during the current FY	

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 or guidelines/ rules of the Institute as applicable.

Date:

(Signature of Candidate)

Checklist for forwarding officer: (HOD/Chief)

1.	Source of Funding Mentioned	
2:	There is no pending work flagged against the Resident	
3.	Any other comment	

(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 accept any hospitality from the foreign government
7. 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:

Name:

