** ALL INDIA INSTITUTE OF MEDICAL SCIENCES - MANGALAGIRI**

 **Form for Permission for Academic Absence/Duty Leave WITH Financial Support**

**Identifying information**

|  |  |
| --- | --- |
| Name |  |
| Designation  |  | Employee number |  |
| Department |  | Date of joining the Institute & the post held on the date |  |
| Phone no. |  | Email ID |  |

**Details of event/activity** (Please attach a copy of invite/brochure)

|  |  |
| --- | --- |
| Type and Name of event  | Conference/workshop/meeting/symposium/seminar/training/fellowship (long/short term)/any other - specify  |
| Event website/host URL, if any |  |
| National / international | (Click one of the two) In India ☐ SAARC ☐ Abroad ☐  |
| Venue (city, country) |  |
| Dates of activity  |  From To  |

**Your commitments** (Please attach a copy of invite/brochure, and label with an enclosure number):

|  |  |
| --- | --- |
| Dates on which you will attend the event |  From To  |
| Your involvement/role:  | Deliver a lecture/talk ☐ Session chair ☐ Conduct a workshop ☐ As delegate ☐ Present a paper (provide abstract + acceptance) ☐Other (provide details) ☐ Other commitments: |
| Proposed departure | Date: Select one: Morning ☐ Evening ☐ |
| Proposed arrival (return) | Date: Select one: Morning ☐ Evening ☐ |

**What are you requesting for?**

|  |  |
| --- | --- |
| Duty leave | From: to Days:  |
| Ex-India/Own leave | From: to Days:  |
| Prefix/suffix/holiday permissions for closed holidays, if any | Attach Sunday/holiday (only at start or end):  |
| TA (Travel) | ☐ No ☐ Yes Approximate amount in Rs: |
| DA (Hotel/food, etc) | ☐ No ☐ Yes Approximate amount in Rs: |
| Registration fee | ☐ No ☐ Yes Amount: Rs. (please provide proof)  |
| NOC for visa | ☐ Needed ☐ Not needed (for abroad only) |
| Medical insurance | ☐ No ☐ Yes (for abroad only) Amount in Rs: |
| Visa fee | ☐ No ☐ Yes (for abroad only) Amount in Rs: |
| Total cost | Approximate total cost in Rs: |

**Conference funding and Duty leave already availed in current financial year (April 1 to March 31)**

|  |  |  |  |
| --- | --- | --- | --- |
| Duty leave (days) |  | Funded national conferences already availed this year |  |
| Last funded conference of the type being requested (national or international\*) | Conference name, dates, city, etc |

**Any additional comment/request Signature of applicant with date & seal**

|  |  |
| --- | --- |
|  |  |

**Recommendation of department head Signature with date & seal**

|  |  |
| --- | --- |
| 🞎 No 🞎 Yes  |  |
| Any comments  |

**For office use only**

**Verification**

1. Whether this conference is due to him/her : Yes / No ( 1 / 2 / 3 / 4 conference)
2. Balance duty leave sufficient to him/her : Yes/No
Balance leave available \_\_\_\_\_\_\_\_\_\_\_\_\_\_
This conference \_\_\_\_\_\_\_\_\_\_\_\_\_\_
Balance after this sanction \_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Enclosures:

 Invitation : Yes/No

 Conference circular : Yes/No

 Acceptance of paper to him/her : Yes/No (abroad only)

 Abstract enclosed : Yes/No (abroad only)

 Proof of registration to him/her : Yes/No.
 Amount requested \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sanction

1. Permission to avail conference be granted : Yes / No
2. Duty leave may be sanctioned : \_\_\_\_\_\_ days
3. Ex-India/own leave may be sanctioned : \_\_\_\_\_\_ days
4. Registration fee may be sanctioned : Rs. \_\_\_\_\_\_\_\_
5. TA/DA (as per entitlement) may be sanctioned : Yes/No
6. Travel insurance may be sanctioned : Yes/No
7. Visa fee may be sanctioned : Yes/No

Remarks if any

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_