

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, Mangalagiri, A.P.
WITH IN INDIA
APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC
MEETINGS/ CONFERENCES/ SYMPOSIA/WORKSHOPS/ SHORT
TERM TRAINING ETC. IN INDIA

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|----|---|--|
| 1 | Name & Designation of the Faculty/Officer | |
| 2 | Date of joining as faculty member | |
| 3 | Details of the meeting/ conference/ symposium/ seminar/ workshop/ short-term training etc. with venue | |
| 4 | Details of the organizing Institution | |
| 5 | Whether invitation has been received. If so, a copy of the same be enclosed. | |
| 6 | Whether the above organization is a Private Institution | |
| 7 | In case the event is organised in a Private Institution is the event organized by a registered association (All India/ State bodies) | |
| 8 | City/ State where the proposed Meeting/ Conference/ Symposium/ Seminar/Workshop/Short-term training etc. is to be held | |
| 9 | Duration of the proposed meeting etc. | |
| 10 | Date of departure from the Headquarters & arrival after attending the meetings etc. | |
| 11 | Are you presenting any Scientific Paper/ Chairing Session/ Delivering lecture during the period of attending the meeting etc. (enclose the documentary evidence) | |
| 12 | Whether Reg. Fee only or TA/ DA/ Reg. Fee is required from the Institute? | |
| 13 | 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. | |
| 14 | Name of funding Institution/ Agency. Whether it is private Charitable? | |
| 15 | 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) | |
| 16 | Whether reports submitted? If not, Why? | |

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|----|--|--|
| 17 | Name of the faculty who will look after the duties during his/her absence | |
| 18 | How the participation in the meeting/ Conference/ Symposium/ Seminar/ Workshop/ Short-term trainings etc. in question helps in his/her work at the Institute | |
| 19 | 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)

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.

| SI 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:

| SI No. | Name & Designation of the faculty member | Actual duration of participation in the Conference etc. |
|--------|--|---|
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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)

Recommendations of Head of the Department with Signature & Office Stamp.