MEMORANDUM

Subject: Request for grant of permission to attend the various meetings/conferences/symposium/Training and workshop etc in India and abroad- Senior Resident (DM/M.Ch)/Senior Resident (Non-DM/M.Ch) /Junior Resident/Ph.D/M.Sc/M.Biotech/M.Sc.Nursing students regarding.

It has been observed by the Competent Authority that the request from the Senior Resident (DM/M.Ch)/Senior Resident (Non-DM/M.Ch) /Junior Resident/Ph.D/M.Sc/M.Biotech/M.Sc.Nursing students for attending various meetings/conferences/symposium/Training and workshop etc in India and abroad are received in the Academic Section when the period of meeting is over or likely to be over very shortly.

It has also been observed that some of Senior Resident (DM/M.Ch)/Senior Resident (Non-DM/M.Ch) /Junior Resident/Ph.D students working as JRF/SRF in various Research Projects are not obtaining prior permission from the Academic Section for attending the conference/workshop training as well as they do not submit their departure and joining reports. This affects the smooth functioning of the Academic Section for issuance of permission letter well before the commencement of the event.

All the Resident Doctors/students are hereby informed that they must submit their applications in the enclosed format along with invitation/acceptance letter/role on the conference and detail of Travel and other expenditure through proper channel at Academic Section prior to the commencement of the even well in time at least 2weeks in the case of conferences etc within the country and 4 weeks in the case of conferences etc abroad.

They are also informed that they are required to submit their departure and joining reports through proper channel along with attendance/participation certificate, failing which their absence will be treated as leave or Extra Ordinary Leave and his/her subsequent applications for such purpose will not be entertained in future.

All Head of the Departments/Chief of the Centre are requested to circulate to all the resident doctor's/students for their information and further compliance of the same.

(DR:SANJEEV LALWANI) SIX

DISTRIBUTION:

- 1. All Resident Doctors
- All Ph.D/M.Sc/M.Biotech/M.Sc.Nursing students
- Chief of Centres/All Head of the Departments

4. PPS to Director/PS to Dean

21.18

5. Computer Facility! with the request to upload the circular in the airms website

P.T.0

Mr. S.N. Ragu Kymar

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APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETINGS/ CONFERENCES/SYMPOSIUM/TRAINING AND WORKSHOP IN INDIA AND ABROAD.

1.	NAME OF THE CANDIDATE	
2.	DEPARTMENT & DESIGNATION	
	COURSE	
3.	DATE OF JOINING	The contract of the contract o
4.	TYPE OF LEAVE	ANNUAL/CONFERENCE/ OTHER SPECIFY
5.	LEAVE/ DUTY LEAVE REQUESTED	A STATE OF THE STA
	(TOTAL NUMBER OF DAYS)	
6.	DETAILS OF CONFERENCE WITH VENUE & PLACE	
7.	ACTUAL DATE OF CONFERENCE/	and the second s
	SYMPOSIUM/MEETING ETC.	
	(ATTACH BROUCHER)	
8.	WHETHER THE APPLICANT IS	
	ATTENDING THE ENTIRE PERIOD OF	w v
	EVENT IF NOT, INDICATE THE	
	ACTUAL DATE (S) OF	
9.	PARTICIPATION DETAILS OF PAPER/ POSTER	and the second s
9.	ACCEPTED (PLEASE ATTACH COPY	
	OF ABSTRACT, ACCEPTANCE	
	LETTER AND NO OBJECTION FROM	
	co-authors)	
10.	HIS/ HER ROLE IN CONFERENCE/	A Control of the Cont
	MEETNG/ SYMPOSIUM/ WORKSHOP	
	(PLEASE ENCLOSE/ ACCEPTANCE/	
	INVITATION LETTER)	
11.	NAME OF THE FUNDING AGENCY TO	,
	MEET THE EXPENDITURE FOR THE	
	PROSPOSED VISIT WITH	
14,720	DOCUMENTARY EVIDENCE	the little transmission
12.	DATE OF DEPARTURE FROM HEAD	The state of the s
	QUARTER	E .
13.	DATE OF JOINING AFTER ATTENDING	•
	THE EVENT	
14.	TOTAL NO. OF DUTY/OTHER LEAVES	
	AVAILED DURING THE CURRENT YEAR	,
15.	TOTAL NO. OF CONFERENCES/ CME/	
1.3.	WORKSHOPS/ SYMPOSIUMS	
	ATTENDED IN CURRENT YEAR WITH	*
	DETAILS OF DATE/ DURATION ETC.	3
	DETAILED OF SEATING DOMINION BYON	2. North-Net

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.

(SIGNATURE OF THE CANDIDATE)
DESIGNATION

Dated:

Recommendations of the Head of the Department