ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RISHIKESH

**APPLICATION FORM FOR FACULTY SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETINGS/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME: (INDIA / ABROAD)**

**(*FOR DOMESTIC VISIT ONLY)***

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| --- | --- | --- | --- | --- |
| 1. | Name, Designation & Department |  | | |
| 2. | Date of Birth |  | | |
| 3. | Date of appointment as Faculty member |  | | |
| 4. | Name of the event |  | | |
| 5. | City & State where the proposed event is to be held  . |  | | |
| 6. | Duration of the proposed meeting with dates |  | | |
| 7. | Name of the organizer of the event |  | | |
| 8. | Status of the organizing institution (Please tick the  relevant one) | Private/Govt./Govt. funded/scientific association/  non-profit non-govt. organization/others. In case of others specify. | | |
| 9. | Whether the applicants is attending the entire period of event. If not, indicate the actual date(s) of participation |  | | |
| 10. | Intended date of departure from the Headquarters & from venue and joining back to the duty | Date of departure  from HQ | Date of  departure from venue | Date of joining back duty |
|  |  |  |
| 11. | Categories of participation (Please encircle the relevant one) | Presenting scientific paper/to chair/ co.chair a scientific session/ to deliver lecture as invited speaker or faculty in workshop/ invited to participate the event (without financial support from AIIMS, Rishikesh) invited for availing of training in a specified course or programme offered by universities? Please specify and attach documentary evidence. | | |
| 12. | Name of the funding agency to meet the expenditure for the proposed visit. In case from AIIMS, Rishikesh, admissible only TA,DA & Registration Fee as per entitlement. |  | | |
| 13. | State the facilities in terms of air-fare, boarding, lodging and remuneration/ honorarium etc. being provided by the organizer/host institution or any other  institution/agency. *Attach documentary evidence in support of the same.* |  | | |
| 14. | Registration Fee (Attach Brochure) |  | | |
| 15. | In case funding from parent Institute, expected quantum of amount of expenditure for the visit. |  | | |
| 16. | In case funding from other than AIIMS, Rishikesh, status of funding agency to meet the expenditure for the proposed visit. (Please encircle the relevant one) | Private/Govt./Govt. funded/scientific association/non-profit non-govt. organization. In case of others, specify. | | |

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| 17. | Name, date and destination of last event attended |  |
|  | (a) Acceptance letter of scientific paper in PDF duly  signed by the concerned authority of organizer. |  |
|  | (b) Copy of abstract of scientific paper |  |
|  | (c) Brochure of the event |  |
| 18. | Whether departure, joining and participation reports  submitted in r/o last academic event attended. |  |
| 19. | Name the faculty who will look after the duties during the  applicant’s absence from headquarters for the purpose. |  |
| 20 | Name the faculty who will look after the duties during the applicant’s absence from headquarters for the purpose. |  |

Certified that the details 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 aforesaid meeting/conference/symposium

/workshop/short-term training etc. is in accordance with the existing guidelines of the Institute and I will furnish the participation certificate and report as soon as I return from the same.

**Date: Signature of the**

**applicant)**

**FOR HEAD OF THE CONCERNED DEPARTMENT ONLY**

# In case more than one faculty member(s) is attending the proposed event from the Department/Centre concerned, the following information may be furnished:-

|  |  |  |
| --- | --- | --- |
| Sl.  No | Name & designation of the faculty member | Actual duration of absence for  the purpose from the Institute |
|  |  |  |

However, the above faculty members have to submit their separate application in the prescribed proforma for considering them for permission.

# Faculty members who will be available in the concerned Department/Centre during the period of absence of the applicant and as at part “A” of above, from the headquarters

|  |  |
| --- | --- |
| Sl No. | Name & designation of the faculty member |
|  |  |

(While forwarding the application(s) of faculty member(s) for such purpose, the Head of the Department should ensure the availability of 50% of faculty members on duty during the period of their absence from headquarter).

**Recommendations of Head of Department with signature, date and Office stamp**