

ALL INDIA INSTITUTE OF MEDICAL SCIENCES

FOR ABROAD

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETINGS/CONFERENCES/SYMPOSIA/SEMINARS/WORKSHOPS/SHORT TERM TRAINING ETC. IN ABROAD.

1	Name & Designation of the Faculty/Officer	
2	Date of birth	
3	Date of appointment as faculty member	
4	Details of the meeting/ conference/ symposium/seminar/ workshop/short-term training etc. with venue	
5.	Details of the organizing Institutions	
6	Whether the above organization is a Private Institution?	
7	Title of the Meeting /Conference / Symposium/ Seminar/Workshop/Short-term trainings etc.	
8	City /Country where the proposed Meeting/ Conference / symposium / seminar / workshop / short-term trainings etc. is to be held.	
9	Duration of the proposed meeting etc.	
10	Whether he/she is attending the entire period of the meeting etc. If not, Indicate, the actual date of participation.	
11	Date of departure from the headquarters & arrival after attending the meeting etc.	
12	Are you presenting any Scientific Paper/ Chairing Session/ Delivering lecture during the period of attending the meeting etc. (enclose the documentary evidence)	
13	Name of the funding agency in case the expenses being provided other than Organizer of the Conference etc. Status of the Funding Agency Whether it is Private / Charitable/Scientific Organization?	
14	State the facilities in terms of air-fare, 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.	
15.	Furnish name of the funding Institution /Agency. Whether it is Private?	
16.	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, 2010)	
17.	Whether reports submitted? If not why?	

P.T.O.

18.	In what manner has the knowledge/experience acquired been applied at the Institute	
19.	What is the area of research the faculty is working on in the Institute	
20.	How is the conference etc. related to the area of research	
21.	Name of the faculty who will look after the duties during his/her absence	
22.	How the participation in the meeting/conference/ symposium /seminar /workshop/short-term trainings etc. in question helps in his work at the Institute	

Certified that the details furnished above 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:-

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.	Source of funding with documentary evidence

Enclose invitation letter, acceptance of abstract and conference brochure alongwith the prescribed proforma of Ministry of External Affairs in respect of each faculty member.

- B. Faculty members who will be available in the Centre/Department during the period of participation of the faculties/officers as indicated at part 'A' above.

Sl. No.	Name & Designation of the faculty member	Actual duration of participation in the Conference etc.

(While forwarding the applications, the Chief of the Centre/Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Centre / Department should be available in the Centre / Department during the duration of the meeting /conference /symposium /workshop /short-term training in question)

Recommendations of the Chief of the Centre/Head of the Department with Signature & Office Stamp.