ALL INDIA INSTITUTE OF MEDICAL SCIENCES ANSARI NAGAR, NEW DELHI-110029

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE /SYMPOSIUM/SEMINAR/WORKSHOP/SHORT TERM TRAINING, EXTERNAL EXAMINER OR COURSE

1	Name of the Faculty	70 to 8 0 0 8				
2	2 Designation & Department					
3	SE-201	*	N N N N N N N N N N N N N N N N N N N			
Þ	Date of Birth					
4	Date of appointment [as fa	aculty member]				
5	Name of the event					
125	Hame of the event					
	. V		*			
i	Nature of the Event:	<u> </u>		2A B # # # 1 = 9 = 1		
	a. Conference/Meeting/	Symposium/CME/				
	Workshop b. Training			E		
	c. Other - Specify			* * E		
	City/ SAARC Country where be held	the proposed even is to		The second secon		
	Duration of proposed event	with dates	A CONTRACTOR OF THE CONTRACTOR	No. No.		
	Company of the second of the s					
	Whether the applicant is att of event. If not, indicate the participation with dates.	ending the entire period actual period of				
	Date of departure, FN/AN	Date of return, FN/AN	Date of joining, FN/AN	No of days of leave		
	W A					
	Categories of participation [Please encircle the relevant one]		Presenting scientific paper/to Chair/Co Chair/A scientific season/To deliver lecture as invited Speaker or Faculty is workshop/invited to participate the event [without financial support from AllMS, New Delhi]/Invited for availing of training is a specified course or programme offered by Universities? [Please specificand extent of programme of the programme of			
i	Name of the organizer of the	event .	specify and attach documentary ev	idence]		
		. 17	22	W IS		
1 3	Name of the funding Agency to for the proposed visit. Specify financial support required from	the component of	Components of funding sought from Regn. Fee Travel Expense Hotel Expense Per-diem	n Alims/LRA		
	8	ng l				
ti	n case funding from other tha tatus of Funding Agency to me he proposed visit. Please encircles the relevant o	eet the expenditure for	Private/Govt./Govt. funded/S Association/Non-profit, non-G (In case of others, specify)	cientific fovt. Organization/Other		
		72				

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	In case funding from parent Institute, furnish the following:	
	 a) Acceptance letter of Scientific paper in PDF duty signed by the concerned authority of organizer 	
	b)Copy of Abstract of Scientific Paper	
15	c)Invitation letter to participate in the event (in case of without financial support from AIIMS, New Delhi) or Invitation letter to Chair/Co-Chair the Scientific session or to deliver Lecture as in invite Speaker/Faculty in workshop or invitation letter for availing of training in a specified course or programme offered by University	
	d)Brochure of the event	
	e)Consent from all co-authors for presentation of scientific paper	
	f)Research Project under which the work was carried out.	y
	g) Ethical clearance for the said project work	5 8
1.6	Name, dates and destination of last even attended abroad with financial support from AIIMS, New Delhi	
1.00		
17	Whether departure, joining & participation reports submitted in r/o last academic event attended	
18	Name the Faculty who will look after the duties during the applicant's absence from Head quarters for the purpose	
19	What is the likely benefit to you and AHMS from this participation?	
20	Any other relevant information	

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 and I will furnish the participation certificate as soon as I return from the same.

Date:	 Signature of the applicant.

FOR HEAD OF THE CONCERNED DEPARTMENT/CHIEF OF CENTRE'S USE ONLY.

A. In case more than one faulty members(s) is attending the Conference etc., the following column may be filled up by the Head of the Department

S. No.	Name & Designation of the Faculty member	Actual duration of participation
	a.	
	3	

S. No.	Name & Designation of the faculty member	Duration				
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strengt	orwarding the applications, the Head of the Depa h of faculty (in position) of the concerned Departi the duration of the Conference etc.	artment sh ment shou	ould ensure ld be availa	that 5	0% of the tota he Departme	
		8	a a			
	ason of participation is valid/justifiable	Ye	S .	, P	NO	
ev	nding is from AIIMS, the registration fee for the ent is justifiable based on nature of event.	NA	Yes	K	No	
pro spe	e event is organized by a recognized of second in the area of second in the applicant faculty.	NA	Yes	IIIN	No	
ent just	ough the event is organized by a private ity/industry, the reason for participation is ified and no hospitality is being taken from it.	NA	Yes	10.	No	
The	re is any pending work flagged by the Dean ademic/Research/Exam) against the faculty.	γ	ES	7.3	NO	
Any	other comment	e e				
	the benefits by participating in the event to:- ndividual	g a		Tr	e e	
=		7	-	4		
	Department/Centre					
-						
· Ir	nstitute			12		
-	20 1 1 2 E					

Signature of the Head of the Department with Signature & Office stamp.