

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 OR COURSE
OR PROGRAMME ABROAD**

1	Name of the Faculty			
2	Designation & Department			
3	Date of Birth			
4	Date of appointment [as faculty member]			
5	Nature of leave requested (Duty leave/EL/CL)			
6	Name of the event			
7	Nature of the Event: a. Conference/Meeting/Symposium/CME/ Workshop b. Training c. Other (Specify)			
8	City & country where the proposed event is to be held			
9	Duration of proposed event with dates			
10	Whether the applicant is attending the entire period of event. If not, indicate the actual period of participation with dates.			
11	Date of departure, FN/AN	Date of return, FN/AN	Date of joining, FN/AN	No of days of leave
12	Nature of participation (attach evidence) (Presenting a scientific paper/Chair/Invited/Speaker/Workshop faculty/Trainee in a course/Others-specify)			
13	Name of the organizer of the event			
14	Status of organizer: a. Government/International's Organization(WHO etc.)/University. b. Professional society/association (International) c. Private organization d. Others (Give the details)			

15	Name of the source/s of Funding to meet the expenditure for the proposed visit. <i>Specify the component of financial support required from AIIMS, New Delhi/other than AIIMS.</i> a. Full Funding From AIIMS: Yes/NO/Partial (If funding is from AIIMS, specify components to be covered from the same) b. LRA Full/Partial funding from LRA (specify component) LRA	In Case of funding from AIIMS/LRA, New Delhi, components of funding & amt. [Sources/AIIMS/LRA] <table border="1"> <tr> <td data-bbox="857 163 1122 223">Regn Fee</td><td data-bbox="1122 163 1279 223">Rs.</td><td data-bbox="1279 163 1479 223"></td></tr> <tr> <td data-bbox="857 223 1122 283">Air- Fair</td><td data-bbox="1122 223 1279 283">Rs.</td><td data-bbox="1279 223 1479 283"></td></tr> <tr> <td data-bbox="857 283 1122 342">Visa Fee</td><td data-bbox="1122 283 1279 342">Rs.</td><td data-bbox="1279 283 1479 342"></td></tr> <tr> <td data-bbox="857 342 1122 402">Hotel charges</td><td data-bbox="1122 342 1279 402">Rs.</td><td data-bbox="1279 342 1479 402"></td></tr> <tr> <td data-bbox="857 402 1122 462">Med. Ins.</td><td data-bbox="1122 402 1279 462">Rs.</td><td data-bbox="1279 402 1479 462"></td></tr> <tr> <td colspan="3" data-bbox="857 462 1479 522">Total: Rs.</td></tr> </table>			Regn Fee	Rs.		Air- Fair	Rs.		Visa Fee	Rs.		Hotel charges	Rs.		Med. Ins.	Rs.		Total: Rs.		
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Total: Rs.																						
16	Source of funding from Project Fund/Govt. Source i. Project Fund or ii. ICMR/DBT/DST iii. Any other Govt. Source	Details of funding from Project/Other Govt Sources: • Reg. Fee • Air Fare • Boarding • Lodging • Honorarium/Remuneration Amt:																				
17	If funding from all other sources, than above nature of sources: a. Foreign Government/International Organization (WHO etc.) b. Foreign professional society/association c. Indian professional society/association d. Private organization e. Other: Specify f. Self g. Any Other (Specify)	Details of Funding from one of these sources:																				
18	In case funding from AIIMS, furnish the following: a) Acceptance letter from the organizers b) Copy of Abstract of Scientific Paper c) Brochure of the event d) Consent presentation of scientific paper e) Research Project details under which the work was carried out. f) Ethical clearance for the said project work																					
19	What is the likely benefit to the applicant and AIIMS from this participation?																					

20	a. Name, dates and destination of the events attended abroad with financial support from AIIMS, New Delhi/LRA/Research Project in the current Financial Year. b. Name date & destination of events attended with funding other than AIIMS/LRA/Research Project in the current FY. c. Details of events attended with own Funds.	
21	Whether departure, joining and participation reports submitted in r/o last academic event attended	
22	Name the faculty who will look after the duties during the applicant's absence from headquarters for the purpose.	

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 faculty 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

- B. Faculty member who will be available in the concerned Department/Centre during the period of participation of the faculty members as indicated at Part 'A' above

S.No.	Name & Designation of the faculty member	Duration

While forwarding the applications, the Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Department should be available in the Department during the duration of the Conference etc.

Participation is valid/justifiable	Yes
Is the registration fee for the event justifiable based on nature of event.	NA
Is the event organized by a recognized national society/institution and in the area of specialization of the applicant faculty.	NA
If the event is organized by a private industry, the reason for participation is educational and no hospitality is being taken from it.	NA
Is the funding being provided by an Indian society other than Indian government departments, the applicant is unlikely to have an approval of funding.	NA
Is there any pending work flagged by the Dean (Academic/Research/Exam) against the faculty.	YES
Additional comment	

Benefits by participating in the event to:-

Qual

Department/Centre _____

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