ALL INDIA INSTITUTE OF MEDICAL SCIENCES

No.F.14-03/69(2024)-Estt. I. (FC)

Ansari Nagar, New Delhi-29 Dated:

0 4 JUN 2024

OFFICE MEMORANDUM

Subject: Grant of permission to the faculty members of the Institute to attend various Scientific Conferences and other assignments in abroad – Submission of request/Performa thereof.

As per extant guideline for granting permission to faculty members to attend various scientific conferences and other assignments abroad, faculty members are entitled to on-duty leave with or without Institute funding.

While processing these requests, we are expected to observe due diligence making sure that only requests adhering to the guidelines are processed. At times, while processing these requests, there is delay due to paucity of information. To facilitate gathering all necessary information for due diligence, the proforma for obtaining permission for this purposes has been revised. The revised proforma is enclosed herewith.

All faculty members are requested to submit their applications for this purpose in the revised proforma.

Chief of Centers/Head of Departments are requested to bring this to the attention of all faculty members.

(Dr. Sanjay Kumar Arya) Prof.-in-Charge (PIC) (Faculty Cell)

Encl: As above.

Distributions:-

- 1. All Chief of Centers
- 2. All HODs of the Department

Copy forwarded for information to:-

- 1. PPS to Director, AIIMS, New Delhi
- 2. PPS to Additional Director (Administration), AIIMS, New Delhi
- 3. The Prof.-in-Charge (Computer Facility) to upload in Institute website.

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

Designation & Department Date of Birth Date of Jappointment [as faculty member] Nature of leave requested (Duty leave/EL/CL) Name of the event Nature of the Event: a. Conference/Meeting/Symposium/CME/ Workshop b. Training City & country where the proposed even is to be held Duration of proposed event with dates Whether the applicant is attending the entire period of event. If not, indicate the actual period of participation with dates. Date of departure, FN/AN Date of return, FN/AN Date of joining, FN/AN No of days of leave Date of departure, FN/AN Date of return, FN/AN Date of joining, FN/AN No of days of leave	1	Name of the Faculty					
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[EA 10 10 1475				[Sources/AIIMS
a. Full Full uling Florit Allivis. Tes/NO/Fartial		07			[Amt.]		/LRA]
(If funding is from AIIMS, specify components Regn Fee Rs.		The statement of the st			- 00000-000		***************************************
to be covered from the same) Air- Fair Rs.			the same)	A THAT I SHOW	0.890		
b. LRA Visa Fee Rs.			From LDA Isno-if:				
Full/Partial funding from LRA (specify components to be reimbursed from LRA charges					Rs.		
components to be reimbursed from LKA charges		components to be re	Simbulaca Holli Lina	charges			

	Y .		Per-diem	Rs.	
		9	Medi.	Rs.	
			Ins.		
			Total : Rs.		v
	4.0	of funding from Project Fund/Govt. Source		unding from Project	Other Govt
16	i.	Project Fund or	Sources:		
	ii.	ICMR/DBT/DST		. Fee	
	iii.	Any other Govt. Source	1,000	Fare	
				rding	
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17		ing from all other sources, than above	Details of F	unding from one of	these sources:
	nature	of sources:			
	a.	,			
		Organization (WHO etc.)			
	b.	Foreign professional society/association			
	C.	Indian professional society/association			
	d.	Private organization			
	e.	Other: Specify			
	f.	Self			
- 10	g.	Any Other (Specify)			
18		funding from AIIMS, furnish the following:			
	a)	Acceptance letter from the organizers			
	b)	Copy of Abstract of Scientific Paper Brochure of the event			
	c)				
	d)	Consent from all co-authors for 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			
		AllMS, New Delhi/LRA/Research Project in the			
	L.	current Financial Year. Name date & destination of events attended			
	b.	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.			
· · · ·		the information furnished above by me are true a			

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.

\Box	2	+	0	

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

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.

C. Checklist

1	Reason of participation is valid/justifiable	Yes		NO
2	Funding is from AIIMS, the registration fee for the event is justifiable based on nature of event.	NA	Yes	No
3	The event is organized by a recognized professional society/institution and in the area of specialization of the applicant faculty.	NA	Yes	No
4	Though the event is organized by a private entity/industry, the reason for participation is justified and no hospitality is being taken from it.	NA	Yes	No
5	Funding is being provided by an Indian agency/society other than Indian government organizations, the applicant is unlikely to have an influence on approval of funding.	NA	Yes	No
6	There is no pending work flagged by the Dean (Academic/Research/Exam) against the faculty.	YES		NO
7	Any other comment			

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

PROFORMA TO APPLY FOR PRIVATE FOREIGN VISITS

1,	Name	
2.	Designation and Department	×
3.	Passport No.	
4.	Nature of leave (EL/CL)	
5.	Period of leave required	
6.	Date of departure, FN/AN	
7.	Date of return, FN/AN	
8.	Date of joining, FN/AN	
9.	Period to be spent abroad	
10.	Country/Countries to be visited	
11.	Purpose of visit	
12.	Estimated total expenditure on visit	
13.	Source of funds: Personal/Other sources	
14.	If funding from other sources, details of the same	
15.	Details of previous private foreign travel, during the last four years	

Signature of the applicant:

Date:

Checklist for forwarding officer: (HOD/Chief)

1.	Source of Funding Mentioned.	
2:	There is no pending work flagged by the Dean (Academic/Research/Exam) against the faculty.	
3.	Any other comment	

Signature & Recommendation of Head of the Department / Chief.