



अखिल भारतीय आयुर्विज्ञान संस्थान, भुवनेश्वर
All India Institute of Medical Sciences, Bhubaneswar
(A Statutory Body under aegis of Ministry of H & F.W., Govt. of India)

सिजुआ, डाक:- डूमुडुमा, भुवनेश्वर – 751019

Sijua, Post: Dumuduma, Bhubaneswar- 751019

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME FOR ABROAD (EXCEPT SAARC COUNTRIES)

01.	Name of Applicant with Designation & Department			
02.	Date of Birth			
03.	Date of Appointment as Faculty Member			
04.	Name of the event (in full)			
05.	City & Country where the proposed event is to be held			
06.	Duration of the proposed event with dates			
07.	Name of the Organizer of the event.			
08.	Status of the organizing Institution. (Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others.) (In case of others, specify).			
09.	Whether the Applicant is attending the entire period of event. If not, indicate the actual date(s) of participation			
10.	Intended date of departure from Headquarters (H.Q.) & from venue and joining back to the duty	Date of Departure from H.Q	Date of Departure from venue	Date of Joining back duty.
11.	Categories of Participation: 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 / invited for availing of training in a specified course or programme offered by universities? (Please specify and attach documentary evidence)			
12.	In case Funding from AIIMS, Bhubaneswar clearly mention the Registration Fee Amount / TA / DA etc.			
	i) Registration fee	₹		
	ii) Air-fare	₹		
	iii) Visa fee	₹		
	iv) Hotel accommodation charges based on per-diem	₹		
	vi) Medical Insurance premium, subject to ceiling of Rs.3000/-	₹		
	Total	₹		

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. (<i>Attach documentary evidence in support of the same</i>)	
14.	Furnish the following documents (Mandatory):	
	(a) Acceptance letter of scientific paper duly signed by the concerned authority of organizer	
	(b) Copy of abstract of scientific paper	
	(c) Invitation letter to participate in the event or invitation letter to chair/co-chair the scientific session or to deliver lecture as in invited speaker/faculty in workshop or invitation letter for availing of training in a specified course or programme offered by university.	
	(d) Brochure/Programme of the event	
	(e) Consent from all co-authors for presentation of scientific paper / No objection of co-authors.	
	(f) Research Project under which the work was carried out with	
	(g) IEC Regd. No. with IEC approval copy.	
15.	Name, dates and destination of last event attended abroad with financial support from AIIMS, Bhubaneswar.	
16.	Whether departure, joining and participation reports submitted in r/o last academic event attended	
17.	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 afore-mentioned event is in accordance with the existing guidelines of the Institute and I will furnish the participation certificate and Conference Report as soon as I return from the same, but not later than 15 days.

Date:

Signature of the applicant

FOR HEAD OF THE CONCERNED DEPARTMENT'S USE ONLY

- A. In case more than one faculty member(s) is attending the proposed event from the Department 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.

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

Sl.No.	Name	Designation

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

Certified that there will be more than 50% Faculty members working in the department and the departmental activity will not suffer during the period of absence of Dr. _____.

Recommended/Not Recommended

Date: _____ **Recommendations of the Head of the Department**
With signature, date and Office Stamp

INTERNATIONAL CONFERENCE COMMITTEE (FACULTY)

Date: _____ **Signature of the Member/ICC (Faculty) with observation (if any)**
ADMINISTRATION

Date: _____ **Signature of Sr. AO/DDA**

FINANCIAL CONCURRENCE FROM FINANCE & ACCOUNTS DIVISION

Funds available/Not available

Date: _____ **Signature of Financial Advisor**
Finance & Accounts Division

INTERNATIONAL CONFERENCE COMMITTEE (CHAIRMAN)

Date: _____ **Signature of the Chairman/ICC**
with recommendation



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ACADEMIC LEAVE APPLICATION

01.	Name	
02.	Designation	
03.	Department	
04.	Type of Leave	
05.	Purpose for which leave is required	
06.	Leave Duration	From: _____ To _____ (No of days) _____
07.	Sundays and Holidays, if any, proposed to be prefixed/ suffixed to leave. If yes, specify the date(s)	
08.	Whether permission for leave the station is required (applicable for within India only)	Yes/No
09.	Date of Return from leave	
10.	Address during leave	
11.	Phone/Mobile No.	
12.	Mail Id	
13.	Charge Handed Over to	

(Name & Signature of Faculty/ SR Who is Taking Over charge)

Date:

Signature of Applicant

Remarks and Recommendations of the Head of the Department.

(It is certified that at-least 50% faculty members will be on duty in the Department during the aforesaid period and the services and functions of the Department will not suffer in any manner.

Leave as proposed above is recommended/not recommended (if not recommended, then the give the reason)

Signature of the HOD / HOD-In charge