



# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

## APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME ABROAD

*(FOR VISITS ABROAD ONLY)*

01	Name of applicant with Designation & Department			
02	Date of birth			
03	Date of appointment as faculty member			
04	Name of the event			
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 ( <i>Please tick the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>		
09	Whether the applicant is attending the entire period of event. <i>If not, indicate the actual date(s) of participation</i>			
10	Intended date of departure from headquarters (H.Q.) & from venue and joining back to the duty  During Office Hours ( <b>Before 05:00 PM</b> ) / After Office Hours ( <b>After 05:00 PM</b> ) (Please Specify) Duration of Leave (Please Specify)	<b>Date of departure from H.Q</b>	<b>Date of departure from venue</b>	<b>Date of joining back duty.</b>
11	Categories of participation ( <i>Please encircle the relevant one</i> )	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 ( <i>without financial support from AIIMS, Patna</i> )/ invited for availing of training in a specified course or Programme offered by universities? <i>Please specify and attach documentary evidence.</i>		
12	Name of the funding agency to meet the expenditure for the proposed visit. <i>Specify the component of financial support required from AIIMS, Patna.</i>  <p style="text-align: center;">YES/ NO</p>	<b>In case from AIIMS; Patna, the following will be the components of funding:-</b>		
		Registration fee	Rs.	
		Air-fare	Rs.	
		Visa fee	Rs.	
		Hotel accommodation charges	Rs.	
		Per-diem	Rs.	
		Medical Insurance premium, subject to ceiling of Rs.3000/-	Rs.	
<b>Total</b>	Rs.			
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	In case funding from other than AIIMS, Patna, status of funding agency to meet the expenditure for the proposed visit. ( <i>Please encircles the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>		

15	In case funding from parent Institute, furnish the following:-	
	(a) Acceptance letter of scientific paper in PDF duly signed by the concerned authority of organizer	
	(b) Copy of abstract of scientific paper	
	(c) Invitation letter to participate in the event ( <i>in case of without financial support from AIIMS, Patna</i> ) 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 of the event	
	(e) Consent from all co-authors for presentation of scientific paper	
	(f) Research Project under which the work was carried out.	
	(g) Ethical clearance for the said project work	
16	Name, dates and destination of last event attended abroad with financial support from AIIMS, Patna.	
17	Whether departure, joining and participation reports submitted in r/o last academic event attended	
18	<b><u>Name &amp; signature</u></b> the faculty who will look after the duties during the applicant's absence from headquarters for the purpose.	

**Note: Any Change in the Academic Leave has be to intimated atleast 24 hours before start of Academic Leave to Dean (Acad.) Office & is subject to approval of Dean (Academics).**

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.

**Date:**

**Signature of the applicant**

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

- A. In case more than one faculty member(s) is attending the proposed event from the Department/Centre 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/Centre during the period of absence of the applicant and as at part "A" of above, from the headquarters

Sl. No.	Name & designation of the faculty member

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

- C. In case of H.O.D/Nodal Officer, the name of the faculty member recommended for charge of the duty.

Sl. No.	Name & Designation of Faculty Member	Duration

**Date and Office Stamp**

**Recommendations of Head of the Department with signature**



## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

### APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME WITHIN INDIA

*(FOR DOMESTIC/SAARC VISITS ONLY)*

01	Name of applicant with Designation & Department			
02	Date of birth			
03	Date of appointment as faculty member			
04	Name of the event			
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 ( <i>Please tick the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>		
09	Whether the applicant is attending the entire period of event. <i>If not, indicate the actual date(s) of participation</i>			
10	Intended date of departure from headquarters (H.Q.) & from venue and joining back to the duty	<b>Date of departure from H.Q</b>	<b>Date of departure from venue</b>	<b>Date of joining back duty.</b>
	During Office Hours ( <b>Before 05:00 PM</b> ) / After Office Hours ( <b>After 05:00 PM</b> ) (Please Specify)			
	Duration of Leave (Please Specify)			
11	Categories of participation ( <i>Please encircle the relevant one</i> )	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 ( <i>without financial support from AIIMS, Patna</i> )/ invited for availing of training in a specified course or programme offered by universities? <i>Please specify and attach documentary evidence.</i>		
12	Name of the funding agency to meet the expenditure for the proposed visit. <i>Specify the component of financial support required from AIIMS, Patna.</i>  <i>YES/ NO</i>	<b>In case from AIIMS; Patna, the following will be the components of funding:-</b>		
		Registration fee	Rs.	
		Air-fare	Rs.	
		Hotel accommodation charges	Rs.	
		DA+ Transport	Rs.	
<b>Total</b>		Rs.		
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	In case funding from other than AIIMS, Patna, status of funding agency to meet the expenditure for the proposed visit. ( <i>Please encircles the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>		

(P.T.O)

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Sl. No.	Name & Designation of Faculty Member	Duration

**Date and Office Stamp**

**Recommendations of Head of the Department with signature**