



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात

અખિલ ભારતીય આયુર્વિજ્ઞાન સંસ્થા, રાજકોટ

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

Application for permission to attend National/ International scientific Meetings/Conference/ Symposia/ Seminars/ Workshop/ Examination/ Short Term Training etc. in India/ Abroad

Part A

1	Name	
2	Designation	
3	Department	
4	Date of joining	
5	Name of the conference/Assignment	
	Venue	
	Place	
	Duration & Date	
6	Participating as Speaker/Chairperson/Delegates/Others	
7	Proposed date of Departure	
	Arrival	
	Total period	
8	Sunday/Holiday, if any proposed to be:	Prefixed..... Suffixed.....
9	Applying for (Yes/No) (i) TA (ii) DA (iii) Registration Fee (iv) Advanced Required (v) Any other (specify)	(i) Yes/No (ii) Yes/No (iii) Yes/No (iv) Yes/No (v) Yes/No
10	Expenditure details- Registration fee.....; Travel.....; DA..... Other.....; Total.....; Advance Required.....	
11	TA/DA/ Daily subsistence allowance (DSA) to be received from the organizers/ sponsoring authority	
12	Fee/ Honorarium/ remuneration expected, if any (Specify the amount)	
13	Details of last academic leave availed with or without financial obligations to the institute	
14	Post deliberation report for the last academic leave submitted vide letter no.	
15	Signature of the Faculty member: Date:	

- Encl:**
1. Brochure of the conference
 2. Letter of Invitation
 3. Acceptance of paper/poster presentation (if applicable)
 4. Any other supporting document. (if applicable)

Part B

16. Remarks of the Head of the Department

I. Verification by the HoD:

- (i) No. of On Duty Academic leave already availed in FY:
- (ii) No. of leaves sanctioned but yet to be availed in FY:
- (iii) No. of leaves applied, but decision awaited in FY:
- (iv) Paid Academic leave events out of these in FY:
- (v) Details of the faculty members in the Departments during the period of above academic event
Total strength.....
Faculty Members on duty during this academic event.....

II. Faculty member who will look after the work in the Department during the period of participation of the faculty as indicated at part 'A' above. They cannot avail any kind of leave during this period.

S. No.	Name & Designation	Signature

(While forwarding the applications, the HoD should ensure that 50% of the total strength of faculty of concerned Department should be available in the Department.

III. Recommended/ Not Recommended

Date:

.....
Signature of Head of the Department

17. Remarks of Dean (Academics)

- (a) Permission to attend : Recommended / Not Recommended
- (b). Permission to accept from the organisers-
- (i) TA/ DA/ Daily subsistence allowance (DSA) : NA/ Recommended / Not Recommended
- (ii) Fee/ Honorarium/ remuneration : NA/ Recommended / Not Recommended
- (c). 'On Duty' Academic Leave : Recommended / Not Recommended
- (d). Financial obligations to the institute : Nil / TA/ DA/ Registration fee/ Others

Date:

.....
Signature of Dean (Academics)

18. Remarks of Executive Director

Sanctioned / Not Sanctioned

Date:

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Signature of Executive Director

For Administrative Use Only

Leave certificate no..... dated.....

On duty Academic leave availed in FY including above