



अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT  
A Central Autonomous Institute of National Importance under PMSSY, MoH & FW, Government of India  
शैक्षणिक अनुभाग / ACADEMIC SECTION

AIIMS/Rajkot/ACAD/2024/887

Date: 03.07.2024

**OFFICE ORDER**

**Subject:** Regrading submission of application in view of Institutional Academic leaves policy.

**Reference:** 1. AIIMS/Rajkot/Admin/Circular/2022-23/1420, Dated: 04.10.2022  
2. OM 142 of 2023, Dated: 13.05.2023

As per subject & references cited above, this is to inform all the faculty that application for grant of permission to attend various scientific conferences and other academic assignment in **India/Abroad** is to be forwarded along with all relevant information/documents to Dean (Academics) office in the prescribed proforma (Annexure II) duly filled through proper channel as per below mentioned revised time lines.

Sr. No.	Conference/Academic event	Not later to the commencement of Academic event	Not beyond from the commencement of Academic event
1.	National	15 Days	90 Days
2.	International	06 Weeks	90 Days

- Also note that for attending International Conferences/ Academic events, it is essential to route the application through Research Cell as per institutional policy.
- Kindly mention Prefix and Suffix in the application and use **revised format** as circulated along with this office order.

This issues with the approval of the competent authority.

*Sanjay Gupta*  
03/07/24

Prof. (Dr) Sanjay Gupta  
Dean (Academics)  
AIIMS, Rajkot

**Copy to:**

1. Ps to Executive Director
2. Deputy Director (Admin)
3. All Deans /MS/DMS
4. Administrative Officer/Account Officer
5. Office File
6. IT Cell for uploading the same on the website

संकायाध्यक्ष शैक्षणिक  
DEAN ACADEMICS  
अखिल भारतीय आयुर्विज्ञान संस्थान, राजकोट, गुजरात  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, RAJKOT, GUJARAT

एम्स: गाँव-खंडेरी, तहसील-पदधरी, शहर-राजकोट, ३६०११०

AIIMS Campus: Village Khandheri, Tehsil- Paddhari, District Rajkot, 360110

Website: <https://aiimsrajkot.edu.in/>



અખિલ ભારતીય આયુર્વિજ્ઞાન સંસ્થાન, રાજકોટ, ગુજરાત  
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	
	<b>Total period</b>	
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	<b>Signature of the Faculty member:</b>  Date:	

**Encl:** Brochure of the conference  
 Letter of Invitation  
 Acceptance of paper by the organizer (if applicable)



## Part B

### 16. Remarks of the Head of the Department

#### I. Verification by the HoD:

- (i) On Duty Academic leave already availed in FY: .....
- (ii) 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:.....

.....  
Signature of Executive Director

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For Administrative Use Only

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

On duty Academic leave availed in FY including above .....