**अखिल भारतीय आयुर्विज्ञानसंस्थान(एम्स), गुवाहाटी**

**All India Institute of Medical Sciences, Guwahati**

**(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI) Changsari, District- Kamrup, Assam- 781101**

**ACADEMIC LEAVE (FUNDED/ NON-FUNDED)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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) | | |  |
|  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Sundays and Holidays, if any, |  |  |  |  |  |  |  |  |  |
| 07 | proposed to be |  |  |  |  |  |  |  |  |  |
| prefixed/suffixed to leave. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | If yes, Specify the date(s). |  |  |  |  |  |  |  |  |  |
|  | Whether permission for leave | Yes/ No | |  |  |  |  |  |  |  |
| 08 | the station is required |  |  |  |  |  |  |  |  |  |
| (Applicable for within India |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | only) |  |  |  |  |  |  |  |  |  |
| 09 | Date of Return from leave |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 10 | Address during leave |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 11 | Phone/ Mb No. |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| 12 | E-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 give the reason)*

**Signature of the HOD**

**अखिल भारतीय आयुर्विज्ञानसंस्थान(एम्स), गुवाहाटी**

**All India Institute of Medical Sciences, Guwahati**

**(A statutory body under the aegis of Ministry of Health and Family Welfare, GoI) Changsari, District- Kamrup, Assam- 781101**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC | | | | | | | |
|  |  |  |  | MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM | | | | | |  |  |
|  |  |  |  |  | TRAINING OR COURSE OR PROGRAMME **WITHIN INDIA** | | | |  |  |  |
|  |  | | | |  |  |  |  |  |  |  |
| 01 | Name of applicant with Designation & | | | | |  |  |  |  |  |  |
|  | Department | | | | |  |  |  |  |  |  |
|  |  | | | | |  |  |  |  |  |  |
| 02 | Date of appointment as faculty member | | | | |  |  |  |  |  |  |
|  |  | | | | |  |  |  |  |  |  |
| 03 | Name of the event (in full) | | | | |  |  |  |  |  |  |
|  |  | | | | |  |  |  |  |  |  |
| 04 | City & State where the proposed event is to be | | | | |  |  |  |  |  |  |
|  | held |  |  |  |  |  |  |  |  |  |  |
|  |  | | | | |  |  |  |  |  |  |
| 05 | Duration of the proposed event with dates | | | | |  |  |  |  |  |  |
|  |  | | | | |  |  |  |  |  |  |
| 06 | Name of the organizer of the event (Organising | | | | |  |  |  |  |  |  |
|  | Secretary) | | | | |  |  |  |  |  |  |
|  |  | | | | |  |  | |  | | |
| 07 | Status of the organizing institution (Please *tick the* | | | | | Private/Govt./Govt. funded/scientific association/ non- | | | | | |
|  | *relevant one)* | | | | | profit non-govt. organisation/ others. *In case of others,* | | | | | |
|  |  |  |  |  |  | *specify.* |  |  |  |  |  |
|  |  | | | | |  |  |  |  |  |  |
| 08 | Whether the applicant is attending the entire period | | | | |  |  |  |  |  |  |
|  | of event. *If not, indicate the actual date(s) of the* | | | | |  |  |  |  |  |  |
|  | *participation* | | | | |  |  |  |  |  |  |
|  |  | | | | |  |  | |  | | |
| 09 | Intended date of departure from headquarters | | | | | **Date of departure** | **Date of departure** | | **Date of joining** | | |
|  | (H.Q.) & from venue and joining back to the duty | | | | | **from H.Q** | **from venue of event** | | **back to duty** | | |
|  |  | | | | |  |  | |  | | |
| 10 | Categories of participation | | | | | Presenting scientific | paper/to chair/ co-chair a scientific | | | | |
|  | (Please *encircle the relevant one)* | | | | | session/ to deliver lecture as invited speaker or faculty | | | | | |
|  |  |  |  |  |  | in workshop/ invited to participate the event (*without* | | | | | |
|  |  |  |  |  |  | *financial support from AIIMS, Guwahati)*/ invited for | | | | | |
|  |  |  |  |  |  | availing of training in a specified course or programme | | | | | |
|  |  |  |  |  |  | offered by universities? *Please specify and attach* | | | | | |
|  |  |  |  |  |  | *documentary evidence.* | | |  |  |  |
|  |  | | | | |  |  |  |  |  |  |
| 11 | Name of the funding agency to meet the | | | | |  |  |  |  |  |  |
|  | expenditure for the proposed visit. *In case from* | | | | |  |  |  |  |  |  |
|  | *AIIMS, Guwahati, admissible only TA, DA &* | | | | |  |  |  |  |  |  |
|  | *Registration Fee as per entitlement.* **Indicate** | | | | |  |  |  |  |  |  |
|  | **Amount of Registration Fees (Initial and Later** | | | | |  |  |  |  |  |  |
|  | **Registration fees both)** | | | | |  |  |  |  |  |  |
| 12 | State the facilities of Air-fare, Boarding, Lodging | | | | |  |  |  |  |  |  |
|  | and | Remuneration/Honorariumetc.being | | | |  |  |  |  |  |  |
|  | provided by the organizer/host institution or any | | | | |  |  |  |  |  |  |
|  | other | institution/agency. *Attach documentary* | | | |  |  |  |  |  |  |
|  | *evidence in support of the same.* | | | | |  |  |  |  |  |  |
| 13 | In case funding from other than AIIMS, Guwahati | | | | | Private/Govt./Govt. funded/scientific association/ non- | | | | | |
|  | status of funding agency to meet the expenditure | | | | | profit non-govt. organisation/ others. *In case of others,* | | | | | |
|  | for the proposed visit. (Please *encircle the relevant* | | | | | *specify.* |  |  |  |  |  |
|  | *one)* |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

1. In case funding from AIIMS, Guwahati, furnish the following: -
   * 1. Acceptance letter or scientific paper in PDF for presentation duly signed by the concerned authority or organiser OR

Invitation letter to participate as a delegate in the event or lecture/ talk/ live workshop and/ or chairing/ co-chairing of session

* + 1. Copy of abstract of scientific paper
  1. Brochure of the event

1. Name, dates and destination of the last event attended
2. Whether departure, joining and participation reports submitted in r/o last academic event attended
3. 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.

Date: Signature of the Applicant

**FOR HEAD OF THE CONCERNED DEPARTMENT’S USE ONLY**

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

1. 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 |

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

Remarks/ Recommendations of Head of the Department

with signature, date and office stamp

