अखिल भारतीय आयुर्विज्ञान संस्थान (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)_____
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/ 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

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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 relevant one)*	Private/Govt./Govt. funded/scientific association/ non-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 (H.Q.) & from venue and joining back to the duty	**Date of departure from H.Q**	**Date of departure from venue of event**	**Date of joining back to duty**
10	Categories of participation (Please *encircle the relevant one)*	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 (*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/Honorarium etc. 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 status of funding agency to meet the expenditure for the proposed visit. (Please *encircle the relevant one)*	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organisation/ others. *In case of others, specify.*		

14	In case funding from AIIMS, Guwahati, furnish the following: -	
	(i) 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	
	(ii) Copy of abstract of scientific paper	
	(iii) Brochure of the event	
15	Name, dates and destination of the last event attended	
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.

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 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

(*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