



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BIBINAGAR,
Hyderabad Metropolitan Region, TELANGANA - 508126**

अखिल भारतीय आयुर्विज्ञान संस्थान, बीबीनगर
हैदराबाद मेट्रोपोलिटन क्षेत्र (एचएमआर), तेलंगाना – 508126, भारत
“An Institute of National Importance established under the Act of Parliament”

APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC
MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM
TRAINING OR COURSE OR PROGRAMME FOR ABROAD **(EXCEPT SAARC COUNTRIES)**

01	Name of Applicant with Designation & Department			
02	Date of Birth			
03	Date of Appointment as Faculty Member			
04	Name of the event (in full)			
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 (Please <i>tick the relevant one</i>). <i>In case of others, specify.</i>	Private/Govt./Govt.funded/Scientific Association/Non-Profit/Non-Govt. Organization/Others.		
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	Date of Departure from H.Q	Date of Departure from venue	Date of Joining back duty.
11	Categories of Participation (Please <i>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, Bibinagar</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, Bibinagar</i>	In case from AIIMS Bibinagar, the following will be the components of funding: -		
		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.	
Total	Rs.			



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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, Bibinagar, status of funding agency to meet the expenditure for the proposed visit. (Please <i>encircle</i> the relevant one)	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) Probation Completion Copy, if available OR a letter from AO mentioning duration after joining and any adverse comments	
	(b) Undertaking that work being presented is at a platform of international repute and not in self-marketing/predatory conferences or those bodies publishing such journals, as attached	
	(c) Acceptance letter of scientific paper in PDF duly signed by the concerned authority of organizer	
	(d) Copy of abstract of scientific paper	
	(e) Invitation letter to participate in the event (in case of without financial support from AIIMS, Bibinagar) 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.	
	(f) Brochure of the event	
	(g) Consent from all co-authors for presentation of scientific paper	
	(h) Research Project under which the work was carried out.	
16	Name, dates and destination of last event attended abroad with financial support from AIIMS, Bibinagar	
17	Whether departure, joining and participation reports submitted in r/o last academic event attended	
18	Name the faculty who will look after the duties during the applicant's absence from headquarters for the purpose.	



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I certify, that the information furnished above by me, is 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 and I will furnish the participation certificate and Conference Report as soon as I return from the same, but not later than 15 days.

Date:

Signature of the applicant

UNDERTAKING FROM THE FACULTY

I hereby certify that the work to be presented, by me, is at the International Conference of Repute, not dealing in any predatory Conference or Journal work, or indulging in self-marketing. This conference is associated with a recognised International Society/Association/Body.

I also certify that this work has not been presented by me or my colleagues at any international forum previously.

Date:

Signature of Applicant

Signature of Head of Department

सर्वे जनाः सुखिनः भवन्तु



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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 concerned, the following information may be furnished: -

S.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 during the period of absence of the applicant and as at part “A” of above, from the headquarters

S.No.	Name	Designation
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*
*	*	*

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

Certified that there will be more than 50% Faculty members working in the department and the departmental activity will not suffer during the period of absence of Dr. _____.

Date:

Signature of the HOD/ I/c HOD/MS



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Dean (Academics)/ Associate Dean (Academics)

Date :

Signature of Dean (Academics)/ Associate Dean

Chairman of International Conference Committee

Date:

Signature of ICC Chairperson /Member Convenor

Remarks by the Director

