

**Sanjay Gandhi Post-Graduate Institute of Medical Sciences**  
**Application for a International Conference /Workshops / Seminars / Guest**  
**Lectures / Symposium / Meetings be held outside India**

**Name:**

**Designation:**

**Department:**

**Date of joining the Institute:**

**Name of the conference**

**Organizers of the conference**

**Venue**

**City**

**Country**

**Duration:**

**Departure from Lucknow**

**Arrival at Lucknow.**

**Your participation / commitment in the conference:**

**Details of last international conference funded by the Institute:**

Name of the conference

Venue

City

Country

Date

**Details of the last conference not funded by the Institute:**

Name of the conference

Venue

City

Country

Date

**Applying for:**

- Permission to attend
- Duty leave no. of days (     ) from     to
- Duty already availed in the current year

**For conference funded by the Institute:**

Travel allowance Lucknow to City -----Country----- Lucknow.

Daily allowance (duration of conference + 2 days – Maximum 7 days) -----days

Registration fee currency-----amount-----

**For conference not funded by the Institute:**

Sources of support

Travel

Accommodation

Registration

**Honorarium expected if any:**

**Declaration of conflict of interest:**

Academic - is your presentation at the conference related to a product of the sponsoring / supporting agency? YES / NO  
Financial – do you hold shares or have any other financial relation with the sponsoring / supporting agency: YES / NO

**Declarations:**

- The conference is academic and is related to my area of work.
- I will submit a report of the visit within 02 weeks of my return.
- I will comply with the relevant foreign exchange regulations of the IT act as application.

**Signature of the faculty member:**

**Date:**

**Enclosures:**

- Details of the academic program/Brochure clearly highlighting the dates and venue of conference along with the registration fee.
- Acceptance / invitation letter.
- Copy of Abstract
- Letters of financial support.
- A 100 word note on how your contribution will help you, dept. or institute
- Any other.

**Verification by the Head of the department:**

Total strength of faculty members in the dept. (No.)-----

**Name and designation of Faculty who will stay back & perform hospital services. They cannot leave duty during this period.**

S. No	Name and designation	Signature

**Recommended / Not recommended**

Signature of the HOD

Date: