# Sanjay Gandhi Post-Graduate Institute of Medical Sciences Application for a National Conference/ Workshops / Seminars / Guest Lectures / Symposium / Meetings

Name						
Designation						
Department						
Date Of Joini	ing					
	of serving the Inst	itute				
Name of Con	ference					
			Venue			
			Place			
			From		То	
Proposed dat	e of departure					
			Arrival			
			otal period			
Details of last	t conference finan	ced by the l				
			Name			
			Place			
			Dates from		То	
	(tick whichever is		)			
1. Permission (yes / no)						
2. Duty leave (yes / no)						
	ready availed in tl	ne current f	inancial			
year						
3. TA		(yes / no)				
4. DA		(yes / no)				
5. Registratio		(yes / no)				
6. Advance ro		(yes / no	)			
7. Expenditu		<b>_</b>	T		Τ	T
Amount &	Registration	Travel	DA	Others	Total	Advance
currency	fee				expense	
8. Honorarium expected if any						
Signature of faculty member						
Verification by the Head of the Department						
1. Balance duty leave (not inclusive of this conference)						

5. Registration fee 6. Advance required		(yes / no) (yes / no)				
7. Expenditur	e details:					
Amount & currency	Registration fee	Travel	DA	Others	Total expense	Advance
	m expected if any	y				
Signature of f	faculty member					
1. Balance du 2. Details of a conference Total Memb	oy the Head of the laty leave (not income the faculty mem strengthbers during this ded / not recomme	clusive of the bers in the conference	nis confer departme	ent during th	e period of a	above
Recommend	ed / not recommo	ended		Date	(Signa	ture of HOD)

## Sanjay Gandhi Post-Graduate Institute of Medical Sciences Application for a National / Workshops / Seminars / Guest Lectures / Symposium / Meetings

	r 4	
	Λtο	٠
1.4	vic	

Not more that 50% of Faculty is allowed to leave for any Conference This information is to be submitted 3-4 weeks before the date of National Events and 4-6 weeks for International Events

#### Name of the conference

#### Venue and date

S. No	Name and designation of Faculty supposed to attend National Conference	Status of paper and its details	Details of TA/DA if required from SGPGI	Registration fee	No financial assistance required from SGPGI
1					
2					
3					

# 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

Signature and Recommendation of HOD	<b>Approval of Dean</b>
Date	<b>Approval of Director</b>

### **Enclosures:**

- 1. Details of the academic program/Brochure clearly highlighting the dates and venue of conference along with registration fee matrix.
- 2. Invitation Letter mentioning the exact active role. OR If abstract is accepted, copy of the acceptance letter.
- 3. Copy of the abstract.
- 4. If no financial support is needed, a clear statement about the source of funding, supported by the letter from the organizing committee.