# APPLICATION FOR PARTICIPATION IN NATIONAL/INTERNATIONAL CONFERENCES/WORKSHOPS/SEMINARS/SYMPOSIA/COURSES ETC.

**(All items must be filled clearly. Please type and print)**

**(To be submitted at least three weeks before the date of the Event)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1** | **Academic year (Specify):** |  | **2** | **Date of Application** | |
| **3** | **Name of the Applicant (Full &**  **Capital)** |  | | | |
| **4** | **Employee Code** |  | **5** | **Department :** | **Designation :** |
| **6** | **Name (Full) of the Seminar / Conference / Workshop / Course**  **National /**  **International** |  | | | |
| **7** | **Place of the Workshop** |  | **8** | **Duration of the Workshop (dates)** |  |
| **9** | **Organized By (Full details)** |  | | | |
| **10** | **Attending as (Author/Invited Speaker/Participant/ Session Chair/ Any other). Please cross out / specify.** |  | **10(a)** | **Registration Charges** |  |
| **10(b)** | **Total Travel expenses (Forward**  **& Retrun journies)** |  |
| **10 (c)** | **Miscellaneous Charges** |  | **11** | **Total Expenses** |  |
| **12** | **Title of the Paper (Full) with names of all authors (Copy of the paper to be enclosed)** | **Title :** | **NA** | | |
| **All Authors:** | **NA** | | |
| **13** | **Details of the Acceptance letter (copy to be enclosed)** | **Enclosed. Yes/No (Cross out):** | **14** | **Full details of the Call for papers/conference & Regd. Charges (copy to be enclosed)** | **Enclosed. Yes/No (Cross out):** |
| **15** | **No. of Days (with dates) of duty leave already availed in the Current Academic Year** |  | **16** | **Period of leave required (with dates) from the University for this conference #** |  |
| **17** | **Details of arrangements of duties during absence (Attach extra sheet, if required)** |  | **18** | **Amount of the Financial Assistance availed during the (i) current and (ii) previous Academic Sessions (Details to be provided overleaf)** | **Current:** |
| **Previous:** |
| **19** | **Details of the Application requesting financial assistance from AICTE,DST, MHRD etc… (Essential. Pl. attach copies)** |  | **20** | **Details of Seminar on the last conference delivered in the deptt. (Date, number of attendees, topic etc.)** |  |

# (Duty leave during the period of examination should preferably be avoided)

Full Signature of the Applicant with Date

1. **Comments of the HOD with name, signature & date:**
2. **Recommendation of the Dean with signature & date:**
3. **Approval of the VC:**
4. **Copy to Registrar for record**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Details of the Financial Assistance availed during the (i) current and (ii) previous Academic Sessions** | | | | | |
| **Please give information for all the Authors of the paper for which permission is being requested)** | | | | | |
| **24.1** | **Conference, etc. No. 1 Current Academic year:** | | | | |
| **a)** | **Name (Full) of the Conference**  **/ Seminar / Workshop / Course** |  | | | |
| **b)** | **Place** |  | **c)** | **Date** |  |
| **d)** | **National/International** |  | **e)** | **Attended As (Author/Invited Speaker/Participant/ Session Chair/ Any other). Please cross out / specify.** |  |
| **f)** | **Name of the Paper/Poster (full) with Authors** |  | | | |
|  | | | |
|  | | | |
| **g)** | **Name of the author who received the grant:** |  | | | |
| **h)** | **Registration Charges** |  | **i)** | **Total amount:** |  |
| **j)** | **Amount Reimbursed (with details) from JUIT** |  | **k)** |  |  |
| **l)** | **Details of seminar delivered in the Institute (give details ; date, number of attendees, topic etc.** |  | | | |
| **24.2** | **Conference, etc. No. 2 Previous Academic year:** | | | | |
| **a)** | **Name of the Conferences / Seminar / Workshop / Course (Full)** | **Fundamentals of Biostatistics, Principles of Epidemiology & SPSS Workshop in BRTC, DEPARTMENT OF BIOSTATISTICS, CMC, Vellore**  **in collaboration with faculty from McMaster University, Canada and University of North Carolina, Chapel Hill, USA** | | | |
| **b)** | **Place** | **Christian Medical College, Vellore, India** | **c)** | **Date** |  |
| **d)** | **National/International** | **International Workshop** | **e)** | **Attended As** |  |
| **f)** | **Name of the Paper (full) with Authors** | **Title :** | | | |
| **All Authors** | | | |
| **g)** | **Name of the author who received the grant:** |  | | | |
| **h)** | **Registration Charges** |  | **i)** | **Total amount:** |  |
| **j)** | **Amount Reimbursed (with details) from JUIT** |  | **k)** | **Amount Reimbursed from other agencies (give details)** |  |
| **l)** | **Details of seminar delivered in the Institute (give details ; date, number of attendees,** |  | | | |

# Signature of the applicant