

## ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA- 801507

### PROFORMA TO APPLY FOR PRIVATE FOREIGN VISITS

1	Name	
2	Designation	
3	Department	
4	Passport No.	
5	Details of private foreign travel to be undertaken:-	
	(i) Period of leave applied	FromTo
	(ii) Nature of leave	
	(iii) Period at abroad	FromTo
	(iv) Name of foreign countries to be visited	
	(v) Purpose of visit	
	(vi) Estimated expenditure (Travel, boarding/ lodging, visa, misc. etc.)	
	(vii) Source of funds	
	(viii) Remarks, if any.	
6	Details of previous private foreign travel, if any under-taken during the last four years (as in item No. 5)	

Signature of the applicant:

Date:

Remarks/comments of Head of the Departments with Signature:

### ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

## APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME ABROAD

(FOR VISITS ABROAD ONLY)

		,	( I OK VISITS ADI	NOAD ONLI )
01	Name of applicant with Designation & Department			
02	Date of birth			
03	Date of appointment as faculty member			
04	Name of the event			
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 ( <i>Please tick the relevant one</i> )		funded/scientific aganization/others. <i>Ir</i>	
09	Whether the applicant is attending the entire period of event. <i>If not, indicate the actual date(s) of participation</i>			
10		Date of departure from H.Q	Date of departure from venue	Date of joining back duty.
11	Categories of participation ( Please encircle the relevant one )	session / Invitation f Faculty in worksl (without financial s availing of training	c paper / to chair/co for lecture/ talk or inv hop/invited to parti- upport from AIIMS, as g in a specified coun- risities? Please spe- ace.	itation as Speaker/ cipate the event Patna)/ invited for rse or programme
		In case from AIIM components of fund	S; Patna, the followi	ng will be the
12	Name of the funding agency to meet the	Registration fee		Rs.
12	expenditure for the proposed visit. Specify the component of financial support required from	Air-fare		Rs.
	AIIMS, Patna.	Visa fee		Rs.
		Hotel accommodation	U	Rs.
		Per-diem		Rs.
		Medical Insurance subject to ceiling of	1 '	Rs.
		Tota		Rs.
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, Patna, status of funding agency to meet the expenditure for the proposed visit.  ( Please encircles the relevant one )	Private/Govt./Govt. profit non-govt. or specify.	funded/scientific aganization/others. <i>In</i>	association/ non- n case of others,

15	In case funding from parent Institute, furnish the	
	following:-	
	(a) Acceptance letter of scientific paper in PDF duly signed	
	by the concerned authority of organizer	
	(b) Copy of abstract of scientific paper	
	(c) Invitation letter to participate in the event ( in case of	
	without financial support from AIIMS, Patna) 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.	
	(d) Brochure of the event	
	(e) Consent from all co-authors for presentation of	
	scientific paper	
	(f) Research Project under which the work was carried	
	out.	
	(g) Ethical clearance for the said project work	
16	Name, dates and destination of last event attended abroad	
	with financial support from AIIMS, Patna.	
17	Whether departure, joining and participation reports	
	submitted in r/o last academic event attended	
18	Name of the faculty (with signature) who will look after the	
	duties during the applicant's absence from headquarters for	
Cor	tified that the information furnished above by me are true and	porrect to the best of my knowledge and nothing

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/CHIEF OF CENTRE'S USE ONLY

A. In case more than one faculty member(s) is attending the proposed event from the Department/Centre concerned, the following information may be furnished:-

Sl. No.	Name & designation of the faculty	Actual duration of absence for the purpose
	member	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 part "A" of above, from the headquarters

Sl. No.	Name & designation of the faculty member

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

C. In case of H.O.D/Nodal Officer, the name of the faculty member recommended for charge of the duty.

Sl. No.	Name & Designation of Faculty Member	Duration



## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

# APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME WITHIN INDIA

(FOR DOMESTIC VISITS ONLY)

		(FC	OR DOMESTIC V	ISIIS UNLI)
01	Name of applicant with Designation & Department	es di metre para appara apparamente diferenti programmente diferenti	narios, terrior de la Apareni sa contectos la persona halitago:	
02	Date of birth		nega jidi in musikost	F 763
03	Date of appointment as faculty member	numerom del società	are the paper being the	etari ta
04	Name of the event	tituta melu	na nama da da	bading
05	City & country where the proposed event is to be held	a Tell charle	tes III late	Polyat
06	Duration of the proposed event with dates			Array Na
07	Name of the organizer of the event	m Alliya, Pana.	od roggus bisumi	Linie
08	Status of the organizing institution ( Please tick the relevant one )	Private/Govt./Govt. profit non-govt. or specify.	funded/scientific ganization/others. In	association/ non- n case of others,
09	Whether the applicant is attending the entire period of event. If not, indicate the actual date(s) of participation	readquarrets for the g	men guesada e pla et moisimembri estado	etilgqa   ee n h halleted
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.
	(H.Q.) & from venue and joining back to the daty	orestions a	The state of the s	Pote and the second
11	Categories of participation ( Please encircle the relevant one )	workshop/invited to support from AIIMS in a specified course	lecture as invited sp	teaker or faculty in t (without financial availing of training ted by universities?
		In case from AIIM	S; Patna, the follow	ing will be the
	Name of the funding agency to meet the	components of fundamental Registration fee	aing:-	Rs.
12	expenditure for the proposed visit. Specify the	Air-fare		Rs.
	component of financial support required from	Hotel accommodation	on charges	Rs.
	AIIMS, Patna.	DA+ Transport		Rs.
	YES/ NO and and manufactured to the second s	Tot	al	Rs.
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. Attach documentary evidence in support of the same.	dicad to (a)nolinos agresio avadabilino di	of the surface the appropriate the supplemental states and the surface states are surface states are surface states and the surface states are sur	the Dy
14	In case funding from other than AIIMS, Patna, status of funding agency to meet the expenditure for the proposed visit.  ( Please encircles the relevant one )	Private/Govt./Govt. funded/scientific association/ non- profit non-govt. organization/others. <i>In case of others</i> specify.		

5	In case funding from parent Institute, furnish the	
	following:-	AND PROPERTY AND PARTY AND ADDRESS OF THE PART
	(a) Acceptance letter of scientific paper in PDF duly signed by the concerned authority of organizer	OTHROTHOLIC PERSON FORMER
	(b) Copy of abstract of scientific paper	SOME STREET STREET, ST
	(c) Invitation letter to participate in the event (in case of	
	without financial support from AIIMS, Patna) 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.	
	(d) Brochure of the event	# - (Fig. 12 200)
	(e) Consent from all co-authors for presentation of scientific paper	Application of the state of the
	(f) Research Project under which the work was carried out.	a passing all paster (Jeacs & pl.)   74
	(g) Ethical clearance for the said project work	A Marie Committee Committee of the Commi
16	Name, dates and destination of last event attended abroad with financial support from AIIMS, Patna.	time via entri 1 a tussimisco o esti 1 di tempo il 1 di
17	Whether departure, joining and participation reports submitted in r/o last academic event attended	ing the strong participants of the south of the strong participants of the strong participant of the strong participants of the strong participant of the strong participants of the strong participants of the st
18	Name the faculty who will look after the duties during the applicant's absence from headquarters for the purpose.	mineste si tracelega più radica V PO

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.

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Signature of the applicant

### FOR HEAD OF THE CONCERNED DEPARTMENT/CHIEF OF CENTRE'S USE ONLY

A. In case more than one faculty member(s) is attending the proposed event from the Department/Centre concerned, the following information may be furnished:-

Sl. No.	Name & designation of the faculty member	Actual duration of absence for the purpose from the Institute
Suni woll	I beside from AILMS: Fatura, the for	

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

C. In case of H.O.D/Nodal Officer, the name of the faculty member recommended for charge of the duty.

Sl. No.	Name & Designation of Faculty Member	Duration
	The second secon	



### ALL INDIA INSTITUTE OF MEDICAL SCIENCES, PATNA

### PROFORMA FOR SUBMISSION OF DEPARTURE REPORT

01	Name of faculty member	
02	Designation & Department	
03	Reference No. & date of sanction memorandum	
04	Place & purpose of visit	
05	Dates of the events to be attended, as per permission granted.	
06	Date & time of departure from headquarter	
07	Date & time of departure from venue of the event	
08	Date of joining back to duty	
09	Complete contact address & active Mobile number(s) during the period he/she is away from headquarters and e-mail address also.	
10	Name of the faculty member who will look after his/her official duties during the period he/she is away from headquarters	
11	Consent of such faculty member with signature	

Date: Signature of the faculty member

### FOR USE OF CONCERNED CHIEF OF CENTRE/HEAD OF DEPARTMENT ONLY

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 Centre/Department will not suffer in any manner.