



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	From _____ To _____
	(ii) Nature of leave	
	(iii) Period at abroad	From _____ To _____
	(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)

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>)	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>																
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 (<i>Please encircle the relevant one</i>)	Presenting scientific paper / to chair/co-chair a scientific session / Invitation for lecture/ talk or invitation as Speaker/ Faculty in workshop/invited to participate the event (without financial support from AIIMS, Patna)/ 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, Patna.</i>	In case from AIIMS; Patna, the following will be the components of funding:- <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Registration fee</td> <td style="width: 20%;">Rs.</td> </tr> <tr> <td>Air-fare</td> <td>Rs.</td> </tr> <tr> <td>Visa fee</td> <td>Rs.</td> </tr> <tr> <td>Hotel accommodation charges</td> <td>Rs.</td> </tr> <tr> <td>Per-diem</td> <td>Rs.</td> </tr> <tr> <td>Medical Insurance premium, subject to ceiling of Rs.3000/-</td> <td>Rs.</td> </tr> <tr> <td style="text-align: center;">Total</td> <td>Rs.</td> </tr> </table>			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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Medical Insurance premium, subject to ceiling of Rs.3000/-	Rs.																	
Total	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. (<i>Please encircles the relevant one</i>)	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>																

(P.T.O)

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 (<i>in case of without financial support from AIIMS, Patna</i>) 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	

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 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/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

Date and Office Stamp

Recommendations of Head of the Department 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 WITHIN INDIA

(FOR DOMESTIC VISITS ONLY)

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 (Please tick the relevant one)	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. In case of others, specify.												
09	Whether the applicant is attending the entire period of event. If not, indicate the actual date(s) of participation													
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 encircle the relevant one)	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 (without financial support from AIIMS, Patna)/ invited for availing of training in a specified course or programme offered by universities? Please specify and attach documentary evidence.												
12	Name of the funding agency to meet the expenditure for the proposed visit. Specify the component of financial support required from AIIMS, Patna. YES/ NO	In case from AIIMS; Patna, the following will be the components of funding:- <table border="1"><tr><td>Registration fee</td><td>Rs.</td></tr><tr><td>Air-fare</td><td>Rs.</td></tr><tr><td>Hotel accommodation charges</td><td>Rs.</td></tr><tr><td>DA+ Transport</td><td>Rs.</td></tr><tr><td>Total</td><td>Rs.</td></tr></table>			Registration fee	Rs.	Air-fare	Rs.	Hotel accommodation charges	Rs.	DA+ Transport	Rs.	Total	Rs.
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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.	

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 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/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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- 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

Date and Office Stamp

Recommendations of Head of the Department with signature



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.

Signature & Official stamp of Head of the Department.