श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रम , केरल– 695 011
(एक राष्ट्रीय महत्व का संस्थान, विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार)
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
KERALA – 695 011
(An Institution of National Importance, Department of Science and Technology, Govt. of India)
टेलीफ़ोन नं . **Telephone No. 0471 2443152**फ़ाक्स/**Fax2550728** , **0471 2446433**
ई–मेल/**E-mail :sct@sctimst.ac.in** वेबसाइट/ **Website : www.sctimst.ac.in**

DIVISION OF ACADEMIC AFFAIRS

APPLICATION FOR LEAVE ON DUTY TO ATTEND CONFERENCES/SEMINARS/ WORKSHOPS

1.   Name & Student Code   :

2.   PhD Registration no.   :
3.   Program and year of study   :

4.   Details of the Conference/Seminar/ Workshop (pl specify & attach brochure)
          Name:-

          Venue:-

          Date:-   from _____ to _____

5.   Did the paper accepted for   :   Yes/No
     presentation.   (If Yes please attach acceptance letter and if No- approval of
                                                DAC members)

6.   Has the abstract of paper   :   Yes/No
       been approved by Director.   (if yes attach the original copy with Director's approval)

7.   No. of days of leave on   :
       duty required and period   _____Days from _____/ _____ /_____

                                          to _____/_____/_____

8.   Any financial assistance is requested   :   Yes /No
     [if yes 1. please specify the items
             (Registration fee, TA, Accommodation etc)
          2. please mention the details of fellowship/ Project.
          (if from Project - please attach the recommendation from PI & fund position from F&A Divn)]

9.   Details of the conferences/seminars/ workshops etc attended and LOD availed during this academic
     year

Details of program	Leave on duty availed	From	To	Financial assistance availed

Date: _____
                                                         Signature of applicant

Recommendations of research Guide : _____

_____

Date: _____
                                                         Name &Signature of the Guide

Recommendations of the DAC members, if the student is not presenting paper.

Name and signatures of the DAC members:

1.

2.

3.

4.

5.

Recommended / Not Recommended

_____   _____   _____
Deputy Registrar   Registrar   Associate Dean   (PhD Affairs)

                                                           Sanctioned/ Not Sanctioned

_____   _____
      Dean   Director

Enclosures:

1. *Copy of submission approval from Director*
2. *Copy of letter of acceptance of paper by the organizing committee*

Routing: Student→DAC→ DR→Registrar→Associate Dean →Dean→Director→DR→Student (LoD)