

**SREE CHITRA TIRUNAL
INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY**

DIVISION OF ACADEMIC AFFAIRS

APPLICATION FOR ATTENDING CONFERENCES/SEMINARS/WORKSHOPS

1. Name of the candidate : _____
2. Register No. : _____
3. Course and Year of Study : _____
4. Details of the conference/Seminar/Workshop : Name - _____
Venue - _____
Date - _____
5. Title of paper accepted for presentation (Yes/No) : _____
6. Has the abstract of paper been approved by Director? : _____
7. No. of days of special leave required and period : ----- Days From To.....
8. Special leave already availed during the year : From To
9. Any financial assistance is requested? :
10. Details of the conferences/seminars/Workshops:
etc attended during this academic session

Date :

Signature of applicant

Recommendation of Research Guide

Remarks, if any : _____

Date :

Name & Signature of Research Guide

Recommended / NOT

Recommended / NOT

Deputy Registrar

(Associate Dean-PhD Programme)

Recommended / NOT

SANCTIONED / NOT SANCTIONED

Dean

DIRECTOR

- Enclose** : 1. Copy of abstract of paper (approved by the Director)
2. Copy of letter of acceptance of paper
3. Details of registration fee etc.