



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

Research & Publication Cell, Hospital Wing

Request for Submission of Abstract / Paper to Conference/ Seminar

Title of Paper:

Type of Presentation: Paper / Poster / e-Poster / Other (specify)

No.	Author's name	Signature	Details of Conference/Seminar etc.
			<u>Programme type:</u> Conference/ Seminar/Workshop/ Training / Others (specify) <u>Programme Name:</u> <u>Programme Dates:</u> <u>Place of Programme:</u> <u>Mode of attending programme:</u> Offline/ Online

(Please enclose Abstract, Brochure, Ethical clearance approval letter and other details as relevant. Email consent of co-authors to be attached if signature is not affixed.)

Does this work have any potential for patenting?

☐ Yes

☐ No

Has this been discussed with Technical Coordination Cell?

☐ Yes

☐ No

☐ N/A

Patent Application filed.

☐ Yes

☐ No

☐ N/A

Ethical Committee Clearance obtained

☐ Yes

☐ No

If "Yes"- ☐ IEC, ☐ LAEC, ☐ CSCRT, letter no. and date

If "No" state reason

Self declaration by applicant on source of funding for attending Conference /Seminar etc.: Self funding/
Funded by Conference Organisers/ Institute fund (on approval of LOD)/ Project fund (on approval of
LPD)/ Institute Grant for One International Conference/ LRA / Others (specify)
.....

Presenter's Name:

Designation:

Department/Division:

Signature of Presenter with date :.....

Remarks and recommendations of Officers with name & signature with date:

Officer (i/c)/ Supervisor/

Division Head/ Principal Investigator

Head of Department

Forwarded by Research & Publication Cell: ☐ Yes ☐ No – for the following reason:

Dealing Assistant

Assistant Officer

Associate Dean (RP Cell)

☐ Not Approved

☐ Approved

DIRECTOR

E-Office file submission particulars:

1. E-Office file name format should be →“Abstract request by (Applicant name) for Conference/Seminar at (place)”.
2. Request form signed by HoD to be forwarded to R&P cell.