श्री चित्रा तिरुनाल आयुर्विज्ञान और प्रौद्योगिकी संस्थान, त्रिवेंद्रमकेरल– 695 011, भारत
SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES AND TECHNOLOGY, TRIVANDRUM
KERALA – 695 011, INDIA
((एक राष्ट्रीय महत्वका संस्थान, विज्ञान एवं प्रौद्योगिकी विभाग, भारत सरकार)
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APPLICATION FOR PERMISSION TO ATTEND NATIONAL / INTERNATIONAL CONFERENCE AND INSTITUTIONAL FINANCIAL SUPPORT

PART A – DETAILS OF THE FACULTY MEMBER

1. **Name of Faculty Member** :
2. **Designation**
   - ☐ Assistant Professor/Scientist D/Engineer D
   - ☐ Associate Professor/Scientist E/Engineer E
   - ☐ Additional Professor/ Scientist F/Engineer F
   - ☐ Professor/Scientist G/Engineer G
   - ☐ Senior Professor/ Scientist G Sr.Gr./Engineer G Sr. Gr.
   - ☐ Other (specify): .....
3. **Department / Division / Wing** :
4. **Employee ID** :
5. **Date of Joining SCTIMST** :
6. **Date of completion of probation** :
7. **Date of completion of two years' service** :
8. **Nature of appointment** : ☐ Permanent Academic Faculty ☐ Other
9. **Contact No.** :
10. **E-mail** :

PART B – DETAILS OF THE CONFERENCE / SCIENTIFIC EVENT

1. **Name of Conference / Scientific Event** :
2. **Type of Event**
   - ☐ National Conference
   - ☐ International Conference
   - ☐ International Workshop
   - ☐ Scientific Meeting
   - ☐ Congress
   - ☐ Symposium
   - ☐ Seminar
   - ☐ CME
   - ☐ Teaching Course / Master Class
   - ☐ Short-term Training /Course/ Programme
   - ☐ Other:.....
3. **Organising Institution / Society** :

4. **Whether organised by:**
   - ☐ Academic Institution
   - ☐ Recognised National/ International Academic Society/ Association
   - ☐ Private Organisation / Individual

5.	**If society/association, registration details, if applicable**	:	
6.	**Venue**	:	
7.	**City & Country**	:	
8.	**Dates of Conference**	:	From ..... To .....
9.	**Last date for registration**	:	
10.	**Conference website / source of information**	:	
11.	**Registration Fee Amount: ₹ / Foreign Currency**	:	
12.	**Accommodation Fee Amount: ₹ / Foreign Currency**	:	
13.	**Whether registration and accommodation are combined**	:	☐ Yes ☐ No
14.	**Whether workshop and conference registration are combined**	:	☐ Yes ☐ No If yes, provide details ....

PART C – ACADEMIC PARTICIPATION

1. **Nature of participation**

   Please tick the appropriate category:
   - ☐ Presentation of Scientific Paper
   - ☐ Invited Lecture / Guest Speaker
   - ☐ Chairing / Co-chairing a Scientific Session
   - ☐ Panel Discussion
   - ☐ Oration
   - ☐ Teacher / Faculty in Course / Master Class / CME
   - ☐ Judging Poster / Paper Session
   - ☐ Executive Committee Meeting of a Registered National / Regional Society
   - ☐ Other academic engagement: .....

2.	**Title of paper / lecture / presentation**	:	
3.	**Authors**	:	
4.	**Presenting / Invited Faculty Member**	:	
5.	**Abstract status**	:	☐ Abstract to be submitted ☐ Abstract submitted ☐ Abstract accepted
6.	**Date of submission**	:	
7.	**Date of acceptance**	:	
8.	**Source of research**		

I certify that the scientific paper/presentation:
- ☐ *is an outcome of research conducted at SCTIMST; OR*
- ☐ *is based on collaborative research in which the predominant part of the research was carried out at SCTIMST.*

Details:

9. **Institutional / Ethical approvals** **:**

10. **Ethics Committee / Institutional approval, wherever applicable Approval No. / Date:** **:**

I certify that all necessary ethical, institutional, plagiarism and other required clearances have been obtained / will be obtained as applicable.

PART D – DETAILS OF INVITATION / ABSTRACT ACCEPTANCE

1. **For invited participation Name and designation of inviting authority** **:**
2. **Nature of invitation** **:**
3. **Date of invitation** **:**
4. **For paper presentation** **:**
5. **Abstract acceptance date** **:**
6. **Abstract acceptance reference** **:**

The self-attested copy of the invitation letter / abstract acceptance letter is enclosed.

PART E – PREVIOUS CONFERENCE / WORKSHOP AVAILED

Sl. No.	Conference / Workshop	National / International	Dates	Financial Year	Institute-funded?	Report submitted?	Certificate submitted?
1							
2							
3							
4							

2. **No. of National Conferences availed during the current financial year** **:**
3. **No. of International Conferences availed during the current financial year / applicable block:** **:**
4. **International Workshop availed during the applicable 3-year block** **:** ☐ No ☐ Yes – Date:.....

I certify that all required reports, participation/attendance certificates and financial settlements relating to previous conferences have been completed.

PART F – ELIGIBILITY DECLARATION

1. *I certify that, to the best of my knowledge:*
    1. *I am a permanent academic faculty member of SCTIMST.*
    2. *I have successfully completed the mandatory probation period and the required period of service after joining the Institute.*
    3. *I am eligible for institutional conference support under the applicable rules.*
    4. *The present conference is relevant to my academic/professional activities at SCTIMST.*
    5. *I have not exceeded the permissible number of conferences/workshops under the applicable financial year/block period.*
    6. *I am not serving a resignation/VRS notice period.*
    7. *The applicable leave requirements will be complied with.*
    8. *The information furnished in this application is correct and complete*

PART G – LEAVE / LEAVE-ON-DUTY DETAILS

1. **Proposed period of absence** :
2. **Date of departure** :
3. **Date of conference** : From _____ To _____
4. **Date of return** :
5. **Leave requested**

Date	Type of Leave / LoD	No. of days

6. **Total LoD requested** :
7. **Other leave requested** :
8. **Total period away from station** :

I certify that the leave requested is in accordance with the prevailing SCTIMST leave rules.

PART H – PROPOSED TRAVEL DETAILS

1 **Outward Journey**

Date : **From..... To.....**

Mode : ☐ Air ☐ Train ☐ Other

2. **Return Journey** :

Date : **From..... To.....**

Mode : ☐ Air ☐ Train ☐ Other

3. **Proposed travel class** :
4. **Government-authorised travel agency / portal proposed** :

For air/train travel, the applicable Government of India / SCTIMST travel rules shall be followed.

PART I – FINANCIAL SUPPORT REQUESTED

1. **Particulars** **Estimated amount**
   1. Registration Fee : ₹.....
   2. Travel – Air / Train : ₹.....
   3. Accommodation : ₹.....
   4. DA : ₹.....
   5. Visa Fee – International only : ₹.....
   6. Medical Insurance – International only : ₹.....
   7. Other admissible expenditure : ₹.....

   Total estimated expenditure : ₹.....
2. **Source of funding**
   - ☐ Institutional conference support requested
   - ☐ Self-funded
   - ☐ Fully / partially funded by Government organisation
   - ☐ Fully / partially funded by recognised academic institution / society
   - ☐ Other permitted source: .....
3. **If any external funding is proposed, provide details and documentary evidence:** :

I certify that no financial support will be claimed from SCTIMST for any expenditure that is reimbursed / borne by another agency.

PART J – INTERNATIONAL CONFERENCE – ADDITIONAL INFORMATION

To be completed only for international conferences/workshops.

1.	**Country of visit**	**:**	
2.	**Passport No.**	**:**	
3.	**Passport validity**	**:**	
4.	**Visa status**	**:**	☐ Not yet applied ☐ Applied ☐ Visa obtained
5.	**Visa interview required**	**:**	☐ Yes ☐ No
6.	**NOC for Visa application required**	**:**	☐ Yes ☐ No
7.	**Foreign Visit permission required**	**:**	☐ Yes ☐ No
8.	**FCRA requirement**	**:**	☐ Applicable ☐ Not applicable
9.	**FCRA application submitted**	**:**	☐ Yes ☐ No ☐ Not applicable
10.	**FCRA approval / clearance obtained**	**:**	☐ Yes ☐ No ☐ Not applicable
11.	**Foreign financial support**	**:**	☐ None ☐ Yes – details ....
12.	**Medical Insurance required under visa rules**	**:**	☐ Yes ☐ No
13.	**Estimated visa fee**	**:**	
14.	**Estimated medical insurance**	**:**	
15.	**International Conference Declaration**	**:**	

I certify that:

- *The application is being submitted at least **two months prior** to commencement of the international conference.*
- *I will comply with applicable Government of India, DST, FCRA, visa, foreign visit and SCTIMST requirements.*
- *I will not combine the international conference LoD with other leave in violation of the applicable rules.*
- *I understand that only the permissible period of international conference leave, excluding applicable travel days, will be sanctioned.*
- *I will submit the required original signed attendance certificate and conference report within the prescribed period.*
- *I will settle any advance within the prescribed period.*

PART K – SELF-FUNDING / EXTERNAL FUNDING DECLARATION

☐ I will meet the entire expenditure from my personal funds and no reimbursement will be claimed from SCTIMST. OR

☐ The expenditure will be met partly/fully by the following permitted organisation:

Name of organisation: .....

Amount / nature of support: .....

Supporting document attached: ☐ Yes ☐ No

I certify that no prohibited private/company funding has been accepted for meeting the expenditure of the visit.

PART L – DECLARATION BY THE FACULTY MEMBER

I hereby certify that the information furnished above is true and correct and that I have carefully read and understood the SCTIMST Guidelines for National / International Conference Support for Permanent Academic Faculty Members.

I undertake that:

1. *The conference / scientific activity is relevant to my academic and professional responsibilities at SCTIMST.*
2. *All required institutional, ethical, plagiarism, FCRA and other statutory clearances shall be complied with.*
3. *I shall not claim reimbursement from SCTIMST for any expenditure reimbursed or borne by another agency.*
4. *I shall follow the applicable rules regarding travel, accommodation, DA and other admissible expenses.*
5. *I shall submit the conference report, participation/attendance certificate and reimbursement documents within the prescribed time.*
6. *I shall submit original/self-attested bills, tickets and boarding passes as required.*
7. *I understand that failure to submit the required report/certificate/claims within the prescribed period may affect eligibility for processing of subsequent conference applications.*
8. *I shall refund/reimburse any amount found to have been paid in excess or claimed contrary to rules.*

Signature of Faculty Member :

Name :

Designation :

Date :

Place :

PART M – CERTIFICATION BY HEAD OF DEPARTMENT / DIVISION

I have examined the application and certify that:

- ☐ *The proposed conference/scientific activity is relevant to the academic field of the faculty member.*
- ☐ *The faculty member's participation is academically justified.*
- ☐ *The faculty member is required to present/participate as indicated in the application.*
- ☐ *The research/paper, wherever applicable, is substantially based on work conducted at SCTIMST / collaborative research in which the predominant research was conducted at SCTIMST.*
- ☐ *The required invitation / abstract acceptance documents have been verified.*
- ☐ *At least **50% of the faculty members of the Department/Division will remain available** so that routine academic/clinical/research work is not adversely affected.*
- ☐ *In case of multiple faculty members attending the same conference, the proposed distribution of attendance/leave days has been examined and the required faculty strength will be maintained on each day.*
- ☐ *The faculty member's previous conference reports/certificates are available / have been submitted.*
- ☐ *There is no departmental objection to the proposed participation.*

Additional remarks, if any : :

Signature of HoD :

Name & Designation :

:

Date :

PART N – CHECKLIST OF ENCLOSURES

The faculty member shall upload the following documents in the **RECEIPT AREA of e-Office**, duly self-attested wherever applicable:

Sl. No.	Document	Attached
1	Completed application form	☐
2	Abstract / scientific write-up	☐
3	Director-approved abstract, where applicable	☐
4	Abstract acceptance letter	☐
5	Invitation letter, if applicable	☐
6	Conference brochure	☐
7	Details of registration fee	☐
8	Details of accommodation	☐
9	Previous conference report	☐
10	Previous participation/attendance certificate	☐
11	Leave / LoD application	☐
12	Travel details	☐
13	Passport copy – international	☐
14	Visa-related documents – international	☐
15	NOC request for Visa – international	☐
16	Foreign Visit application – international	☐
17	FCRA documents – international, where applicable	☐
18	External funding declaration/supporting document	☐
19	Medical insurance requirement/document – international	☐
20	Any other supporting document	☐

PART O – POST-CONFERENCE COMPLIANCE

To be completed after return from the conference.

1.	Date of return to Institute	:	
2.	Joining report submitted	:	☐ Yes ☐ No
3.	Conference report submitted	:	☐ Yes ☐ No
4.	Participation / Attendance Certificate submitted	:	☐ Yes ☐ No
5.	Registration receipt submitted	:	☐ Yes ☐ No
6.	Travel tickets submitted	:	☐ Yes ☐ No
7.	Boarding passes submitted	:	☐ Yes ☐ No
8.	Accommodation bills submitted	:	☐ Yes ☐ No ☐ N/A
9.	Visa fee receipt submitted	:	☐ Yes ☐ No ☐ N/A
10.	FCRA documents submitted	:	☐ Yes ☐ No ☐ N/A
11.	TA/DA claim submitted	:	☐ Yes ☐ No
12.	Date of submission	:	.....
13.	E-Office File No.	:	.....
14.	Faculty Member's Signature	:	.....

CONFERENCE REPORT – BRIEF FORMAT

1. Name of Conference

2. Dates & Venue

3. Nature of Participation

4. Title of Presentation / Lecture

5. Key academic/scientific highlights

6. Relevance to academic/clinical/research activities at SCTIMST

7. Outcome / benefit to the Institute

8. Signature of Faculty Member

9. Date