

SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM-695 011, INDIA

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

1. Name & Student Code :
2. Course and level :
3. Place of assignment :
4. No. of days of special leave required for : days
5. Period of leave : From..... To
6. Details of the Conference/Seminars/Workshops
Name :
Venue :
Date :- 7. Title of paper being presented :
- 8. Has the Abstract of the paper being presented
is approved by the Director ? If so, attach the
original copy with Director's approval. :
- 9. Have all the co-authors of the paper affixed their
signature on the abstract ? :
- 10. Indicate below the "Leave on Duty" availed during the current year:

No. of days	From	To	Whether availed TA/DA, Registration fee etc.

11. Do you require TA/DA/Registration fee etc. for the
present move? If so, attach the communication
accepting your paper for presentation :
12. Model of Travel requested for : AIR/TRAIN/BUS

Date:

Signature of applicant

Remarks of HOD
(Including the details of alternate duty arrangements made)

HOD

Remarks of Academic Division

UDC

AAO (A)

Registrar

Dean, Academic Affairs

Sanctioned/Not Sanctioned

DIRECTOR