

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

## APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME ABROAD

( FOR VISITS ABROAD ONLY )

01	Name of applicant with Designation & Department																	
02	Date of birth																	
03	Date of appointment as faculty member																	
04	Name of the event																	
05	City & country where the proposed event is to be held																	
06	Duration of the proposed event with dates																	
07	Name of the organizer of the event																	
08	Status of the organizing institution ( <i>Please tick the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>																
09	Whether the applicant is attending the entire period of event. <i>If not, indicate the actual date(s) of participation</i>																	
10	Intended date of departure from headquarters (H.Q.)& from venue and joining back to the duty	Date of departure from H.Q	Date of departure from venue	Date of joining back duty.														
11	Categories of participation ( <i>Please encircle the relevant one</i> )	Presenting scientific paper / to chair/co-chair a scientific session / to deliver lecture as invited speaker or faculty in workshop/invited to participate the event ( <i>without financial support from AIIMS, New Delhi</i> )/ invited for availing of training in a specified course or programme offered by universities? <i>Please specify and attach documentary evidence.</i>																
12	Name of the funding agency to meet the expenditure for the proposed visit. <i>Specify the component of financial support required from AIIMS, New Delhi.</i>	<div><b>In case from AIIMS; New Delhi, the following will be the components of funding:-</b></div> <table><tr><td>Registration fee</td><td>Rs.</td></tr><tr><td>Air-fare</td><td>Rs.</td></tr><tr><td>Visa fee</td><td>Rs.</td></tr><tr><td>Hotel accommodation charges</td><td>Rs.</td></tr><tr><td>Per-diem</td><td>Rs.</td></tr><tr><td>Medical Insurance premium, subject to ceiling of Rs.3000/-</td><td>Rs.</td></tr><tr><td><b>Total</b></td><td>Rs.</td></tr></table>			Registration fee	Rs.	Air-fare	Rs.	Visa fee	Rs.	Hotel accommodation charges	Rs.	Per-diem	Rs.	Medical Insurance premium, subject to ceiling of Rs.3000/-	Rs.	<b>Total</b>	Rs.
Registration fee	Rs.																	
Air-fare	Rs.																	
Visa fee	Rs.																	
Hotel accommodation charges	Rs.																	
Per-diem	Rs.																	
Medical Insurance premium, subject to ceiling of Rs.3000/-	Rs.																	
<b>Total</b>	Rs.																	
13	State the facilities in terms of air-fare, boarding, lodging and remuneration/honorarium etc. being provided by the organizer/host institution or any other institution/agency. <i>Attach documentary evidence in support of the same.</i>																	
14	In case funding from other than AIIMS, New Delhi, status of funding agency to meet the expenditure for the proposed visit. ( <i>Please encircles the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>																

( P.T.O )

15	In case funding from parent Institute, furnish the following:-	
	(a) Acceptance letter of scientific paper in PDF duly signed by the concerned authority of organizer	
	(b) Copy of abstract of scientific paper	
	(c) Invitation letter to participate in the event ( <i>in case of without financial support from AIIMS, New Delhi</i> ) or invitation letter to chair/co-chair the scientific session or to deliver lecture as in invited speaker/faculty in workshop or invitation letter for availing of training in a specified course or programme offered by university.	
	(d) Brochure of the event	
	(e) Consent from all co-authors for presentation of scientific paper	
	(f) Research Project under which the work was carried out.	
	(g) Ethical clearance for the said project work	
16	Name, dates and destination of last event attended abroad with financial support from AIIMS, New Delhi	
17	Whether departure, joining and participation reports submitted in r/o last academic event attended	
18	Name the faculty who will look after the duties during the applicant’s absence from headquarters for the purpose.	

Certified that the information furnished above by me are true and correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the afore-mentioned event is in accordance with the existing guidelines of the Institute.

Date :Signature of the applicant

FOR HEAD OF THE CONCERNED DEPARTMENT/CHIEF OF CENTRE’S USE ONLY

A. In case more than one faculty member(s) is attending the proposed event from the Department/Centre concerned, the following information may be furnished:-

Sl.No.	Name & designation of the faculty member	Actual duration of absence for the purpose from the Institute

However, the above faculty members have to submit their separate application in the prescribed proforma for considering them for permission.

B. Faculty members who will be available in the concerned Department/Centre during the period of absence of the applicant and as at part “A” of above, from the headquarters

Sl.No.	Name & designation of the faculty member

(While forwarding the application(s) of faculty member(s) for such purpose, the Chief of the Centre/Head of the Department should ensure the availability of 50% of faculty members on duty during the period of their absence from headquarter).

Recommendations of Chief of Centre/Head of the Department with signature, date and Office stamp

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI

## **APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIUM/SEMINAR/WORKSHOP/SHORT-TERM TRAINING OR COURSE OR PROGRAMME WITHIN INDIA**

( FOR DOMESTIC VISITS ONLY )

01	Name of applicant with Designation & Department			
02	Date of birth			
03	Date of appointment as faculty member			
04	Name of the event			
05	City & State where the proposed event is to be held			
06	Duration of the proposed event with dates			
07	Name of the organizer of the event			
08	Status of the organizing institution ( <i>Please tick the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>		
09	Whether the applicant is attending the entire period of event. <i>If not, indicate the actual date(s) of participation</i>			
10	Intended date of departure from headquarters (H.Q.) & from venue and joining back to the duty	Date of departure from H.Q	Date of departure from venue of event	Date of joining back duty.
11	Categories of participation ( <i>Please encircle the relevant one</i> )	Presenting scientific paper / to chair/co-chair a scientific session / to deliver lecture as invited speaker or faculty in workshop/invited to participate the event ( <i>without financial support from AIIMS, New Delhi</i> )/ invited for availing of training in a specified course or programme offered by universities? <i>Please specify and attach documentary evidence.</i>		
12	Name of the funding agency to meet the expenditure for the proposed visit. <i>In case from AIIMS, New Delhi, admissible only TA, DA &amp; Registration Fee as per entitlement.</i>			
13	State the facilities in terms of air-fare, boarding, lodging and remuneration/honorarium etc. being provided by the organizer/host institution or any other institution/agency. <i>Attach documentary evidence in support of the same.</i>			
14	In case of funding from parent Institute, expected quantum of amount of expenditure for the visit.			
15	In case funding from other than AIIMS, New Delhi, status of funding agency to meet the expenditure for the proposed visit. ( <i>Please encircle the relevant one</i> )	Private/Govt./Govt. funded/scientific association/ non-profit non-govt. organization/others. <i>In case of others, specify.</i>		

( P.T.O. )

16	In case funding from AIIMS, New Delhi, furnish the following:-	
	(h) Acceptance letter of scientific paper in PDF for presentation duly signed by the concerned authority of organizer OR Invitation letter to participate as a delegate in the event or lecture/talk/live workshop and/or chairing/co-chairing of session.	
	(i) Copy of abstract of scientific paper	
	(j) Brochure of the event	
17	Name, dates and destination of last event attended	
18	Whether departure, joining and participation reports submitted in r/o last academic event attended	
19	Name the faculty who will look after the duties during the applicant's absence from headquarters for the purpose.	

Certified that the information furnished above by me are true and correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the afore-mentioned event is in accordance with the existing guidelines of the Institute.

Date :Signature of the applicant

**FOR HEAD OF THE CONCERNED DEPARTMENT/CHIEF OF CENTRE’S USE ONLY**

C. In case more than one faculty member(s) is attending the proposed event from the Department/Centre concerned, the following information may be furnished:-

Sl.No.	Name & designation of the faculty member	Actual duration of absence for the purpose from the Institute

However, the above faculty members have to submit their separate application in the prescribed proforma for considering them for permission.

D. Faculty members who will be available in the concerned Department/Centre during the period of absence of the applicant and as at part “A” of above, from the headquarters

Sl.No.	Name & designation of the faculty member

(While forwarding the application(s) of faculty member(s) for such purpose, the Chief of the Centre/Head of the Department should ensure the availability of 50% of faculty members on duty during the period of their absence from headquarter).

**Recommendations of Chief of Centre/Head of the Department with signature, date and Office stamp**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**ANSARI NAGAR, NEW DELHI - 110 029.**

**PROFORMA TO APPLY FOR PRIVATE FOREIGN VISITS**

1	Name	
2	Designation	
3	Department	
4	Passport No.	
5	Details of private foreign travel to be undertaken:-  (i) Period of leave applied	From _____ To _____
	(ii) Nature leave	
	(iii) Period at abroad	From _____ To _____
	(iv) Name of foreign countries to be visited	
	(v) Purpose of visit	
	(vi) Estimated expenditure (Travel, boarding/ lodging, visa, misc. etc.)	
	(vii) Source of funds	
	(viii) Remarks, if any.	
6	Details of previous private foreign travel, if any under-taken during the last four years (as under item No. 5)	

Signature of the applicant:

Date :

Remarks/comments of the Chief/Head of the Departments

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI**

**PROFORMA FOR SUBMISSION OF DEPARTURE REPORT**

01	Name of faculty member	
02	Designation & Department	
03	Reference No. & date of sanction memorandum	
04	Place & purpose of visit	
05	Dates of the events to be attended, as per permission granted.	
06	Date & time of departure from headquarter	
07	Date & time of departure from venue of the event	
08	Date of joining back to duty	
09	Complete contact address & active Mobile number(s) during the period he/she is away from headquarters and e-mail address also.	
10	Name of the faculty member who will look after his/her official duties during the period he/she is away from headquarters	
11	Consent of such faculty member with signature	

<b>Date</b>	<b>Signature of the faculty member</b>
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**FOR USE OF CONCERNED CHIEF OF CENTRE/HEAD OF DEPARTMENT ONLY**

It is certified that at-least 50% faculty members will be on duty in the Department during the aforesaid period and the services and functions of the Centre/Department will not suffer in any manner.

**Signature & Official stamp of Chief of Centre/Head of the Department.**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**ANSARI NAGAR, NEW DELHI - 110 029.**

**APPLICATION FOR EARNED LEAVE/COMMUTED**  
**(MEDICAL) LEAVE/HALF PAY LEAVE**

1	Name	
2	Designation	
3	Department	
4.	Nature & period of leave applied for	
5.	Whether permission for leave the station is required (applicable for within India only)	Yes/No
6.	Purpose for which leave is required	
7.	Sundays and holidays, if any, proposed to be prefixed/ suffixed to leave. If yes, specify the date(s)	
8.	Date of return from leave	
9.	Address during the Leave period	

Signature of the applicant:

Date :

Remarks and recommendations of the Chief/Head of the Department.

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**ANSARI NAGAR, NEW DELHI - 110 029.**

**PROFORMA FOR BOOKING OF VARIOUS SERVICES THROUGH M/s. BALMER  
LAWRIE & CO. LTD. FOR INTERNATIONAL /DOMESTIC OFFICIAL VISITS.**

1	Name of the Officer (in BLOCK LETTERS)	
2	Designation	
3	Department	
4	Pay scale & Grade Pay	
4	Exact destination to be visited	
5	Purpose of visit with the name of event.	
6	Exact period of participation in the event.	
7	Intended date of departure ( <i>Actual transit time for journey is only allowed</i> )	
8	Intended date of return from the place of event ( <i>Actual transit time for journey is only allowed</i> ).	
9	Services required:-	
	(i) Booking of air-tickets for to & fro	
	(ii) Hotel bookings ( <i>duration for which booking required to be specified with exact dates</i> )	
	(iii) Passport/Visa Assistance	
	(iv) Overseas Insurance	

Note :- For the services as at Sl.No. 9(ii) to (iv) above, the service charge if any, is payable by the concerned Officer directly to M/s. Balmer Lawrie & Co. Ltd. as the Institute is not liable to pay any service charges.

*Entitlement of journey and hotel accommodation, please see overleaf*

Date

Signature of the applicant

**FOR OFFICE (ADMINISTRATION) USE ONLY**

No.F.

Dated

Forwarded to M/s. Balmer Lawrie & Co. Ltd. For necessary action in consultation with the applicant. Further advised to forward the bill(s) for the purpose of tickets & hotel bookings as per admissible rates, directly to the Nodal Officer (Financial Advisor or the Officer nominated by him) directly along-with a copy of this advisory, for settlement.

Signature of the authorized Officer with Official stamp  
in terms of Institute's O.M. No. F.Misc.1-1/2014-Estt.I dated 08<sup>th</sup> March, 2016.

To  
M/s. Balmer Lawrie & Co. Ltd.  
New Delhi - 110 003.  
(Through the concerned applicant)

Copy forwarded for information to the Nodal Officer, Finance Division (Financial Advisor).  
( P.T.O. )



Grade Pay	Entitlements	
	For journey	For hotel accommodation
(i) Officers drawing grade pay of Rs.10,000/- and above and those in pay scale of HAG + and above	Business/Club Class by air/ AC first Class by train	Upto 7500/- per day
(ii) Officers drawing grade pay of Rs.7600, Rs. 8700 and Rs.8900	Economy Class by air/ AC first Class by train	Upto 4500/- per day
(iii) Officers drawing grade pay of Rs.5400 and Rs.6600	Economy Class by air/ AC-II Tier Class by train.	Upto 2250/- per day
(iv) Officers drawing grade pay of Rs. 4200, Rs. 4600 and Rs. 4800	AC-II Tier Class by train	Rs. 750/- per day
(v) Officers drawing grade pay of below Rs. 4200	First Class/ AC-III Tier/ AC Chair car by train	Rs. 450/- per day



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
**ANSARI NAGAR, NEW DELHI-110029**

**APPLICATION FORM FOR SEEKING OF LEAVE TRAVEL CONCESSION (L.T.C.) FOR THE**  
**FACULTY MEMBERS AT THE A.I.I.M.S., NEW DELHI**

01.	Name of the applicant (in capital letters)			
02.	Designation & Department			
03.	Nos. of days & period of the leave required (in the case of the applicant himself/herself wants to avail LTC, otherwise the month may be indicated)			
04.	Nature of leave required (Casual leave/ Earned Leave etc.)			
05.	Whether LTC is required to visit Home- Town or within India. Indicate destination and block year.			
06.	Whether LTC is required for self/ family members. <b><u>If his/her spouse works in Government Office, a certificate from the employer of his/her spouse must be appended with this application to the effect the he/she alongwith the family members for which LTC is requesting, have not availed LTC for the current 4 years block and 2 years home town block.</u></b>	Name	Age	Relationship
07.	The applicant is required to certify that his/her other family members i.e. Mother & Father etc. are wholly dependent upon him/ her and the total income does not exceed more than <b>Rs. 3500/- per month including stipend or pension</b> , temporary increase in pension but excluding Dearness Relief on him/her and they have not availed LTC for the block year so required, earlier.			
08.	The applicant is also required to certify that his/her, son/daughter are unemployed and un-married and wholly depend upon him/her and they have not availed LTC for the block for the block year so requested, on earlier occasions.			
09.	Whether 10 days Earned Leave Encashment is required or not?	<u>YES/NO</u>		
NOTE:- In-laws are not entitled to LTC according to LTC Rules				

(Signature of the applicant)

Signature of the Chief/ HOD with recommendations/ remarks, if any

