



सत्यमेव जयते

जवाहरलाल स्नातकोत्तर आयुर्विज्ञान शिक्षा एवं अनुसंधान संस्थान
JAWAHARLAL INSTITUTE OF POST GRADUATE MEDICAL EDUCATION & RESEARCH
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institution of National Importance under Ministry of Health & Family welfare)
धन्वंतरि नगर, पुदुच्चेरी / Dhanwantari Nagar, Puducherry- 605 006



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No.Admn.II/Circular/Faculties/2019

Dated: **14 OCT 2019**

CIRCULAR

It is hereby conveyed to all the Faculty/Non-faculty members that the proforma for attending National and International Conference/Seminar/Workshop/Meeting/ Examination/Training/Fellowship (Short term/Long term)/ Job Assignment has been re-framed which is to be submitted in order to proceed on Academic Absence/Duty Leave at National/International level either with or without financial support, along with relevant proof and other requisite documents.

DEPUTY DIRECTOR (ADMIN)

Admin-II (Section)

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उप-निदेशक (प्रशासन)

Deputy Director (Admn)

जिपमेर / JIPMER,

पुदुच्चेरी / Puducherry - 6

Encl.: Proformae to attend National/International Conference

Copy to:

-All HODs/Section Heads.

-The P.S to Director/Medical Superintendent/Dean(Academic)/Dean (Research).

JIPMER, Puducherry
Form for Permission for Academic Absence/Duty Leave WITH Financial Support

Identifying information

Name			
Designation			
Department	Employee number		
Phone no.	Date of joining the Institute & the post held on the date		
	Email ID		

Details of event/activity (Please attach a copy of invite/brochure)

Type and Name of event	Conference/workshop/meeting/symposium/seminar/training/fellowship (long/short term)/any other - specify		
Event website/host URL, if any			
National / international	(Click one of the two)	In India <input type="checkbox"/>	SAARC <input type="checkbox"/> Abroad <input type="checkbox"/>
Venue (city, country)			
Dates of activity	From	To	

Your commitments (Please attach a copy of invite/brochure, and label with an enclosure number):

Dates on which you will attend the event	From	To	
Your involvement/role:	Deliver a lecture/talk <input type="checkbox"/>	Session chair <input type="checkbox"/>	Conduct a workshop <input type="checkbox"/>
	As delegate <input type="checkbox"/>	Present a paper (provide abstract + acceptance) <input type="checkbox"/>	
	Other (provide details) <input type="checkbox"/>	Other commitments: <input type="checkbox"/>	
Proposed departure	Date:	Select one: Morning <input type="checkbox"/> Evening <input type="checkbox"/>	
Proposed arrival (return)	Date:	Select one: Morning <input type="checkbox"/> Evening <input type="checkbox"/>	

What are you requesting for?

Duty leave	From:	to	Days:
Ex-India/Own leave	From:	to	Days:
Prefix/suffix/holiday permissions for closed holidays, if any	Attach Sunday/holiday (only at start or end):		
TA (Travel)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Approximate amount in Rs:	
DA (Hotel/food, etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes	Approximate amount in Rs:	
Registration fee	<input type="checkbox"/> No <input type="checkbox"/> Yes	Amount: Rs.	(please provide proof)
NOC for visa	<input type="checkbox"/> Needed <input type="checkbox"/> Not needed (for abroad only)		
Medical insurance	<input type="checkbox"/> No <input type="checkbox"/> Yes	(for abroad only) Amount in Rs:	
Visa fee	<input type="checkbox"/> No <input type="checkbox"/> Yes	(for abroad only) Amount in Rs:	
Total cost	Approximate total cost in Rs:		

Conference funding and Duty leave already availed in current financial year (April 1 to March 31)

Duty leave (days)	Funded national conferences already availed this year
Last funded conference of the type being requested (national or international*)	Conference name, dates, city, etc

Any additional comment/request

Signature of applicant with date & seal

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Recommendation of department head

Signature with date & seal

<input type="checkbox"/> No <input type="checkbox"/> Yes	
Any comments	

For office use only

Verification

1. Whether this conference is due to him/her : Yes / No (1 / 2 / 3 / 4 conference)
2. Balance duty leave sufficient to him/her : Yes/No
Balance leave available _____
This conference _____
Balance after this sanction _____
3. Enclosures:
 - Invitation : Yes/No
 - Conference circular : Yes/No
 - Acceptance of paper to him/her : Yes/No (abroad only)
 - Abstract enclosed : Yes/No (abroad only)
 - Proof of registration to him/her : Yes/No.
 - Amount requested _____

Sanction

1. Permission to avail conference be granted : Yes / No
2. Duty leave may be sanctioned : _____ days
3. Ex-India/own leave may be sanctioned : _____ days
4. Registration fee may be sanctioned : Rs. _____
5. TA/DA (as per entitlement) may be sanctioned : Yes/No
6. Travel insurance may be sanctioned : Yes/No
7. Visa fee may be sanctioned : Yes/No

Remarks if any

JIPMER, Puducherry
Form for Permission for Academic Absence/Duty Leave WITHOUT Financial Support

Identifying information

Name			
Designation		Employee number	
Department		Date of joining the institute & the post held on the date	
Phone no.		Email ID	

Details of event/activity (Please attach a copy of invite/brochure)

Type and Name of event	Name of conference, workshop, meeting, symposium/seminar/training/examination/interview/expert committee member/fellowship (long/short term)/any other - specify		
Event website/host URL, if any			
National / international	(Click one of the two)	In India <input type="checkbox"/>	SAARC <input type="checkbox"/> Abroad <input type="checkbox"/>
Venue (city, country)			
Dates of activity	From	to	

Your commitments (Please attach a copy of invite/brochure, and label with an enclosure number:)

Dates on which you will attend the event	From	to	
Your involvement/role:	Deliver a lecture/talk <input type="checkbox"/> Session chair <input type="checkbox"/> Conduct a workshop <input type="checkbox"/> /examination <input type="checkbox"/> /interview <input type="checkbox"/> As delegate <input type="checkbox"/> /participant <input type="checkbox"/> /expert committee member <input type="checkbox"/> Present a paper (provide abstract + acceptance) <input type="checkbox"/> Other (provide details) <input type="checkbox"/> Other commitments:		
Proposed departure	Date:	Select one: Morning <input type="checkbox"/> Evening <input type="checkbox"/>	
Proposed arrival (return)	Date:	Select one: Morning <input type="checkbox"/> Evening <input type="checkbox"/>	

What are you requesting for?

Duty leave	From:	to	Days:
Ex-India/Own leave	From:	to	Days:
Prefix/suffix/holiday permissions for closed holidays, if any	Attach Sunday/holiday (only at start or end):		
Source of funding PI include information about travel/stay-food/registration fee	Personal/Govt - Indian (name the organization)/Govt - Foreign (name the organization and the country)/ Event organiser/Academic Organisation (give details) / Commercial organization (give details) /Others : Give details		

Duty leave already availed in current financial year (April 1 to March 31)

Duty leave (days)		Already availed this year	
NOC for visa	Needed <input type="checkbox"/>	Not needed <input type="checkbox"/> (for abroad only)	

Any additional comment/request

Signature of applicant with date & seal

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Recommendation of department head

Signature with date & seal

<input type="checkbox"/> No <input type="checkbox"/> Yes Any comments	
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For office use only

Verification

1. Whether this conference is due to him/her : Yes / No (1 / 2 / 3 / 4 conference)
2. Balance duty leave sufficient to him/her : Yes/No
Balance leave available _____
This conference _____
Balance after this sanction _____
3. Enclosures:
 - Invitation : Yes/No
 - Conference circular : Yes/No
 - Acceptance of paper to him/her : Yes/No (abroad only)
 - Abstract enclosed : Yes/No (abroad only)
 - Proof of registration to him/her : Yes/No.

Sanction

1. Permission to avail conference be granted : Yes / No
2. Duty leave may be sanctioned : _____ days
3. Ex-India/own leave may be sanctioned : _____ days
4. Any other :

Remarks if any
