अखिल भारतीय आयुर्विज्ञान संस्थान नागपुर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR
Plot No. 02, Sector 20, MIHAN, Nagpur - 441124.
Website : www.aiimsnagpur.edu.in

APPLICATION FORM FOR SEEKING PERMISSION / SANCTION OF ACADEMIC LEAVE
(To attend Conference / CME / Workshop / Symposium)

1.	Name of the Applicant	
2.	Employee ID No.	
3.	Designation & Department	
4.	Date of Joining Institute	
	(a) 06 Month of service completed	Yes / No Completed on : _____
	(b) 01 / 02 Years' service completed (for abroad conf./seminars/CMEs)	Yes / No Completed on : _____
5.	Nature of Leave Requested	Academic Leave / On Duty Leave
6.	Total Days of Leave Requested	_____ Days (From: ___/___/202___ To: ___/___/202___)
7.	Prefix / Suffix (if any)	Sundays/Holidays: _____
8.	Details of Event /examinership / Conference: **Note : Brochure MUST be enclosed**	
	(a) Title of Event	
	(b) Organizing Body/Institution	Govt. / Association / Private Name : _____
	(c) Venue (City & Country)	
	(d) Dates of Event	From: ___/___/202___ To: ___/___/202___
9.	Role in Event (Presenting Paper/Poster/ Chairing / Delegate/Resource Person)	
10.	Details of Paper/Poster Accepted (Attach Abstract & Acceptance Letter)	
11.	Total Academic Leaves Availed till date	_____ Days (Current academic session/tenure)
12.	Requirement of Financial Support	Full : Reg. fees, TA & DA **OR** Claimed from LRA Partial : Reg. fees: from LRA / Institute Reg. Fees : INR _____
13.	Departure Date (HQ)	_____ (FN/AN)
14.	Expected Date of Joining Duty	_____ (FN)

Date: _____

Signature of Applicant

PART-B: DUTY SUBSTITUTION & RECOMMENDATION

A. Duty Substitution Details:

I agree to perform the clinical/academic duties of the applicant during the leave period:

Name of Substituted Faculty: _____

Designation & Department : _____

Signature : _____

Contd....02/-

B. Recommendation of Head of Department (HOD):

- Recommended / Not Recommended
- Alternate arrangements for clinical services/patient care have been verified.
- Certified that 50% faculty will be available during the above Academic Leave
- Remarks (if any): _____
- Date: _____ _____

Signature & Stamp of HOD

PART-C: SANCTION (FOR OFFICE OF DEAN ACADEMIC)

Application verified against the Leave Rules of AIIMS Nagpur.

Total AL Entitled: _____ Days, AL availed till Date : _____ Days, Balance AL Available: _____ Days,

No of events attended in a financial year _____, Fully sponsored:_____, Partially sponsored: _____

Recommended / Sanctioned / Not Sanctioned

Dean (Academics)

PART-D: ASSESSMENT OF THE CONFERENCE COMMITTEE

Sl.No	Criteria	Conf. Committee Remarks
1.	**Eligible for Academic Leave**	**Yes / No**
2.	**Eligibility for financial support (attach evidence)**	
2.1	Applied for Financial assistance (Yes/No)	
2.2	Paper accepted for presentation (Yes/No/NA)	
2.3	Invited to deliver lecture (Yes/No/NA)	
2.4	Invited as resource person/faculty/Participant (Yes/No/NA)	
2.5	Confirmation/registration/acceptance of Participation in Workshop/CME/Symposium (Yes/No/NA)	
2.6	Invitation to Chair/co-chair session (Yes/No/NA)	

Recommendation by Conference Committee: **Recommended / Not Recommended**

Dr. Pradeep Deshmukh
Professor & HoD, Community Medicines and Dean (Research)

Dr. Siddharth P. Dubhashi
Professor & HoD, Gen Surgery and Dean (Students Welfare)

Dr. Mandar Sane
Additional Professor, FMT

Approved / Not approved

ED & CEO, AIIMS Nagpur