

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

**APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETING/CONFERENCE/SYMPOSIA/SEMINARS/WORKSHOP/SHORT TERM TRAINING ETC. (IN INDIA)**

1	Name & Designation of the Faculty/Officer	Dr. Raja Tiwari
2	Date of Birth	04.03.1981
3	Date of appointment as faculty member	18 November 2016
4	Title of the meetings/conferences/symposia/seminars/workshops/short term training etc.	NABICON 2025
5	City/State where the proposed meetings/conferences/symposia/seminars/workshops/short term training is to be held	Ayodhya, UP
6	Duration of the proposed meeting etc.	13/02/2025 to 15/02/2025
7	Name of the organization conducting the meeting/conferences/symposium/seminars/workshops/short term training etc.	Indian Academy of burns
8	Whether the above organization is a private institution	Academic Organization
9	Whether he/she is attending the entire period of the meeting etc. If not, Indicate, the actual date of participation	Yes
10	Date of departure from the Headquarters & arrival after attending the meeting etc.	Departure- 12/02/2025, evening Joining- 16/02/2025, morning
11	Are you presenting any Scientific paper/Chairing session/delivering lecture during the period of attending the meeting etc.	Paper presentation/ Faculty speaker
12	Name of the funding Institution/Agency Whether it is private	Nil
13	Status of Funding Agency Whether it is Private / Charitable / Scientific or Academic Organization? Or any other, Specify?	NA
14	State the facilities in terms of TA/DA boarding lodging and remuneration/honorarium etc. being provided by the Organization host	None
15	Whether airfare, registration fee, per diem & hotel accommodation charges are required from AIIMS? (Only for presenting scientific paper and charring a scientific session).	All to be taken from AIIMS.
16	If so, furnish the following:- i. Copy of the invitation letter in PDF duly signed by the organizing committee. i. Copy of the acceptance letter in PDF duly signed by the organizing committee i. Brochure or the conference. v. Copy of the abstract of paper v. Consent from all Co-authors for presentation of paper. i. Project under which the work was carried out and source of	Attached

	funding. i. Ethical clearance for the work.	
17	Name of the last three conferences etc. and other academic activities attended with dates & place in the current financial year (i.e. from 1 <sup>st</sup> April to 31 <sup>st</sup> March)	ISSHCON 2024 Banglore-06/10/2024. RAMSES 2024 Singapore 09/11/2024
18	Whether departure, joining & participation reports submitted in R/O last meeting / conference etc.? if not the reason therefore?	Yes
19	In what manner has the knowledge / experience acquired been applied at the Institute	To improve patient care, teaching & Research
20	What is the area of research the faculty is working on in the institute	Plastic Surgery
21	How is the conference etc. related to the area of research	Burn surgery
22	Name of the faculty who will look after the duties during his/her absence	Dr Shashank Chauhan
23	How the participation in the meetings/conferences/symposia/seminars/workshops/short term training etc. in question help in his work at the institute	In establishing better Plastic surgery services and clinics in AIIMS, New Delhi

Certify that the details furnished above by me are correct to the best of my knowledge and nothing has been concealed. I also undertake that my participation in the aforesaid meeting/conference/symposium/workshop/short-term training etc. is in accordance with the existing guidelines of the Institute and I will furnish the participation certificate as soon as I return from the same.

Date:

(SIGNATURE)

A. If more than one faculty member(s) Officer(s) is attending the Conference etc. the following column may be filled up the Chief of Centre/head of the department.

S.No	Name & Designation of the faculty member/officer	Actual duration of participation in the conference etc.

B. Please state below the faculty members/officers who will be available in the department during the period of their (mentioned at "A" above) absence.

S.No	Name & Designation of the faculty member/officer	Actual duration of participation in the conference etc.
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*(While forwarding the applications, the Chief/Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Centre/department should be available in the Centre/department during the duration of the meeting/conference/symposium/workshop/short-term training in question)*

Recommendations of the Chief of Center /Head of the Department with signature & office stamp