**PERFORMA FOR ATTENDING NATIONAL / INTERNATIONAL CONFERENCE / SEMINAR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Part A: To be filled by the student** | | | |
| 1. | Name of the Student | : |  |
| 2. | Roll Number | : | 3. Department : |
| 4. | Present Type/Category of the Student: Put a check mark ✓, specify others FULL TIME / PART TIME   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | HTRA | Project | Int | Ext | UGC | CSIR | PMRF | INSPIRE | SERB | TIH | TCG | Others | |  |  |  |  |  |  |  |  |  |  |  |  | | | |
|  | | |
| 5. | |  |  |  | | --- | --- | --- | | **S. No** | **Prerequisites for attending the conference (PRIOR APPROVAL TO BE TAKEN BEFORE ATTENDING CONFERENCE/SEMINAR)** | **Yes / No** | | 1 | Name of the conference/seminar **(Enclose Brochure of the conference/seminar)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | 2 | Paper has been accepted for presentation in the conference/seminar.  **(Enclose Acceptance/Invitation Letter)** |  | | 3 | Course work has been successfully completed with a minimum CGPA of 7.5. |  | | 4 | Comprehensive examination has been completed successfully. (Not applicable for MS Scholars) |  | | 5 | |  | | --- | |  |  |  | | --- | |  |   Details of the conference/seminar: National International |  | | 6 | Dates of attending Conference/Seminar: *(No other leave form required)*  Departure from IITTP (Date): \_\_\_\_\_\_\_\_\_\_\_\_ Arrival to IITTP: \_\_\_\_\_\_\_\_\_\_ |  | | 7 | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Institute |  | Project |  | Others (specify) |  | Self Sponsored |  |   Are you seeking financial assistance from: | |   (Page 1 of 2) | | |

|  |  |
| --- | --- |
| 8 | If from Project, name of the Project : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If from Institute funds, estimated amount / budget (INR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (**detailed break up along with supporting documents to be submitted**) |
| 9 | Availed financial assistance earlier? YES / NO National / International  Name and Venue of Conference/Seminar \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Period of Conference/Seminar : From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_  Amount Availed (INR) : \_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Contact Number |  | Date |  | Signature of student |  |

|  |
| --- |
| **Part B: To be filled by the Department** |

|  |  |
| --- | --- |
| DC/MC recommends after evaluating the scholar during his/her presentation in the presence of DC/MC along with faculty and research scholars of the Institute. **(Enclose Recommendations of DC/MC)** | **Yes / No** |

**Academic Section**

JA/JS, Academics

AR/DR, Academics

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Guide:  Date:** |  | **Signature of HoD :  Date:** |  |
|  |

Recommended / Not Recommended

Advisor, Academic Research

Dean, Academic Affairs

Approved / Not Approved (Director)

Page (2 of 2)