

**APPLICATION FOR PERMISSION, LEAVE AND FINANCIAL ASSISTANCE FROM PDA FOR THE VISIT  
TO ATTEND CONFERENCE / CARRY OUT RESEARCH WORK, ETC IN INDIA / ABROAD**

1. Name of the applicant :
2. Designation : Employee No.:
3. Department/ Centre :
4. Details of the visit for which financial assistance is sought  
*Please enclose (i) Announcement of Call of Papers, (ii) Acceptance/Invitation Letter, (iii) Full Paper/ Poster (iv) Details of registration and other fees, (v) Travel estimates from the travel agent*
  - (a) Conference  
Title :
  - (b) Nature : Conference / Workshop / Symposium / Seminar / Instructional School /  
Training Programme / Other  
In case of other, specify:.....
  - (c) Type : International / National
  - (d) Category : Inland (within India) / Abroad
  - (e) Venue :
  - (f) Place :
  - (g) Country :
  - (h) Period : From: To:
  - (i) Name of the Organizer(s)/Host :
  - (j) Technical Soundness/ Standard of the Conference (or) Planned Research Work (write a few lines/ attach separately):
  - (k) Nature of Participation :  
☐ Presenting a Paper/Poster ☐ Chairing a Session ☐ Invited Talk ☐ Other\*  
\*In case of **other**, specify details on kind of participation and provide a few lines of justification for: How your participation in the conference will be useful to your professional development or to the Department/ Institute?  
Details:  
Justification:
  - (l) Financial Assistant is sought for: Self / Co-Author or Co-Worker from IITG  
If it is not self, Name, Employee No./Roll No. & Designation of Co-Author/Co-Worker:

5. No Objection Certificate is required for Visa purpose? Yes / No

6. For Self:  
Requesting for leave as per details mentioned below / I shall apply leave separately later

	Nature of Leave	From	To	No. of Days
(a)				
(b)	Prefixing Holidays:			
(c)	Suffixing Holidays:			
(d)	Station Leave Permission:			
(d)	Arrangement for classes during the period of leave	No. of Classes missed:		Alternative arrangement:
(f)	Address while on leave:			
Contact Phone No.:				

7. Estimate of the Financial Assistance requested for the Conference:

(a)	Registration fee	:	
(b)	Travel (please attach an estimate of the travel cost from a travel agent)	:	
(c)	Daily Allowances (Admissible for: 1 day prior + Conference period + 1 day after) Write "As per Rules", if you don't know the rates	:	
(d)	Any other like Travel Support for Visa, Visa fee, Medical Insurance etc. (please specify)	:	
(e)	Total (in rupees, please specify conversion rate used)	:	

8. Details of the assistance sought/available from any other source(s), including project

Agency/Project (please state the project no. in case of project)	Amount of assistance sought / granted / available	In case of Project	
		Amount granted	Sign. of Dean, R&D

9. Advance required: Yes/ No If yes, amount required : \_\_\_\_\_

It is certified that my visit to participate in the conference/ to carry out research work at ..... will be in the interest of teaching and research at this Institute and all arrangements will be made to take care of my academic commitments including teaching and research during the period of my leave/absence.

It is requested that permission, leave and financial assistance from my PDA account may please be granted to me for the visit as stated above.

Date:

Signature of the applicant

**Recommendation of the Head of the Department**

**Specific Remarks/ Recommendations of HOD, if any:**

**Recommended:**

Certified that the visit of Dr./Mr./Ms ..... to participate in the conference or to carry our research work at .....will be in the interest of teaching and research in the Institute. It is therefore recommended that permission, leave and financial assistance from his / her PDA account may be granted to him / her for the visit as stated.

**Not Recommended:**

Permission, leave and financial assistance for the visit of Dr./Mr./Ms ..... to participate in the conference or to carry our research work at ..... is **not recommended** due to the following reason(s):

.....

Date:

Signature of the HOD

**For official use of Faculty Affairs Section**

Fund Head: PDA      Account Code: 30      Account Head: PDA account of concerned faculty member

Name of Faculty Member: \_\_\_\_\_

Fund Availability: Block of 3 years from ..... to .....

Total Fund available in PDA	Present Claim Amount	Balance Fund in PDA

Table A: Financial Assistance		
Financial Assistance for:	Self / Co-Author.....	
Nature of Visit:	Attend Conference / Visit to carry out research work / other	
Type of Visit:	Inland / Abroad	
Financial Assistance granted	Registration Fees	
	Travel Support	
	Daily Allowance	
	Any other, like Travel Support for Visa, Medical Insurance etc.	Yes / No

Table B: Nature and period of leave admissible				
Leave	Nature	From	To	No. of Days
Holidays	Prefix			
Prefixing / Suffixing	Suffix			
Station Leave	From :	To :	No. of Days :	
Balance of leave as on .....	Vacation Leave		Days	
	Earned Leave		Days	
	Half Pay Leave		Days	
No. of Special Casual Leave already availed in .....			Days	

Application and enclosures checked and Remarks:  
found to be in order / not in order.

Dealing Staff (Faculty Affairs)

**Assistant Registrar (Faculty Affairs)**

Nature of Visit:	Attending Conference / Visit to carry out research work / other		
Type of Visit:	Inland / Abroad		
Permission for the Visit:	Granted / Not Granted		
Financial Assistance as given in Table-A	Sanctioned / Not Sanctioned		
Leave as given in Table-B	Approved / Not Approved / Not applied now		

**Signature of the DOFA / Director**