

## INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14

OFFICE OF THE DEAN

Tel.: 0612 - 2297631, 2297699-Ext.: 265: Fax: 0612 - 2297225; Website: www.igims.org: E-Mail: dean@igims.org

## **MEMORANDUM**

It has been learnt that the Faculty Member, Sr. Resident and DNB Trainees/etc. of the Institute, used to submit application for attending Conference/Symposia/Work-shop etc just before proceeding on leave. It is creating problem in processing their application.

In the above circumstances and with the approval of the competent authority, it is hereby notified that application for attending Conference/Symposia/Work-shop etc. must be submitted 30 days in advance, before the date of such Conference/Symposia/Work-shop etc. Failing which application of such Faculty Member, /Sr. Resident and DNB Trainee/etc. shall not be entertained without intimating any reasons to the applicant.

#### They are also directed as :-

- 1. To fill up all the columns in prescribed form downloaded from Institute website.
- After availing the duty leave must submit report in prescribed format within 15 days. ( downloaded from Institute website.)
- To enclose the full detail of the conference/Symposia/Work-shop etc.
- Work arrangement must be made with full Name & Designation.
- To mention date and time of departure in their application.
- Application should be forwarded by HOD.

In the absence of above formalities your application will not be entertained.

Sd/-

Prof. (Dr.) S. K. Shahi

Dean

/Acad. Memo No.-14-99

dated-15 711/2017

Copy to:-Director Cell/ All HODs & Officer In charge/Medical Superintendent/Adm. Section/ Accounts Officer/Notice Board for Faculty Member, Sr. Resident, DNB Trainees, etc. for information & needful.

Sr. BME for uploading Conference application form & Report on institute 2.

website. (Copy enclosed).

Dean



OFFICE OF THE DEAN

Report on participation in State / Zonal / National / International Conference / Workshop / Seminar / Training by the Faculty / Resident Doctor of IGIMS, Patna

- Name of the Doctor (in capital letter) 1.
- Designation & Department 2.
- Name of the Conference/ Workshop / Seminar/ 3. training Course
- Place of the Conference / Name of Organization visited for training with date.
- Total duration of the Conference / Training 5 (Enclose a copy of certificate of participation In Conference / Training Programmed)
- Conference details:
  - a. Organization of Conference, Number of sessions Number of papers presented etc (not more than 100 words)
  - b. Academic highlights of the Conference, including major recommendations
  - New developments presented at the conference (200 - 500 words)
  - Participants contribution to the conference (100 - 200 words)
  - Visit to other scientific Institute, University & Labs during your participation in the Conference or after the conference (give details)
- In case of training received through Clinical attachment please submit the detail of training (500 words)
- How this training would be utilized in the 8. development of medical science and improvement in patient management (200 - 500 words)
- Title of the Paper / Lecture / Workshop presented 9. by you in Conference (enclose certificate)
- List of authors of paper (full list) 10.
- If chaired a session of delivered lecture Give detail.

Note: - Give information on separate sheet, where ever applicable as shown against different items

Signature with date



## INDIRA GANDHI INSTITUTE OF MEDICAL SCIENCES: SHEIKHPURA: PATNA-14

AN AUTONOMOUS INSTITUTE OF GOVT, OF BIHA

## OFFICE OF THE DEAN

YES/NO

# Application form for participation in Regional / National / International Conference / Workshop / Seminar / Training

(To be submitted in minimum 30 days in advance to the office of the Dean, IGIMS, Sheikhpura, Patna -14. failing which application of such Faculty Member, Sr. Resident and DNB Trainee shall not be entertained without intimating any reasons to the applicant)

- 1. Name of Doctor (in Capital)
- Designation & Department.
- Details of the Conference 1<sup>st</sup> / 2<sup>nd</sup> (√)
  - A Name of the Conference
  - B. Place of the Conference
  - C. Date of the Conference

(Please enclose circular of the Conference)

D. Is it Annual Meeting of Your Parent Society If it not a meeting of your Parent Society

A. Whether presenting a paper,

B. Title of paper with authors name (Please enclose a copy of abstract)

A. Whether chairing a session /
Giving a lecture/ faculty

B. Please enclose letter/details in support.

- It above to point 4 & 5 is No,
   Then that is the relevant of your
   Participation in this conference
   (not more than 100 words)
- Have you attended any National Conference?
   In this Calendar year (Please give details)
- When did you attend International Conference/ Training abroad, before this application (Give details).
- 9. Journey & Leave details.
  - A. Date & Time of departure from Patna
  - B. Date of joining the duty
  - C. Total period of absence
- Management of work in your absence.
  - A. Name of the Faculty members. -
  - B. If you are the HOD, who will

Heading the dept. During your absence.

 Signature of the Concerned Faculty member for a & b.

11. Do you need financial assistance?

From the institute.

If, yes: - give details

A. Registration fees (1st cut off)

B. Fare to & for

(Train / Air / Bus) Rs.

C. D. A. Rs. Total Rs.

- Whether local hospitality.
   Financial assistance is likely to be obtained by -Organizer / any other sources.
- 13. The terms and conditions as notified by the Medical Council of India, New Delhi Dated 10<sup>th</sup> December-2009 shall strictly be followed.

Sir,

I may please be permitted with/without financial support for attending this conference.

Dated

(Signature of the applicant)

Forwarded to the Dean, IGIMS, Patna. He may be permitted and financial Supported for attending the conference as applied.

The Paper being presented in the conference has been duly Approved by the Departmental Research Committee.

date)

(Head / Officer In-charge of Dept. with

Recommended / not recommended.

Dean )

Sanction by competent authority.

( Director )

Copy forwarded to Accounts section for payment of advance of 70% at least 25 days (one month in case of going abroad) before joining after verification of rates.

Dean

Note: - Final settlement of T.A. will before only when certificate of participation registration receipt in prescribed format is submitted to academic.