INSTITUTE OF PHYSICS, BHUBANESWAR

FORM FOR PARTICIPATION IN SYMPOSIUM/CONFERENCE/WORKSHOP BY FACULTY MEMBERS, POST-DOCTORAL FELLOWS AND DOCTORAL RESEARCH SCHOLARS

I, …….. Designation ……. intend to participate in the National / International Conference / Symposium / Summer-winter school, as per details given below:

1. (a) Details of the Conference/Symposium/ Workshop/Shool :

   (b) Venue and duration :

   (c) Name and address of the convener/organizers:

   (d) Eligibility criteria of participants :

   (e) Registration fee, if any, to be paid by the Participants. :
   (f) Topics included in the Workshop/ Conference/Symposium/School(in brief) :

2. (a) Present topics of research interest of the applicant :
   (b) State, whether any paper is accepted for presentation and if so, furnish the details thereof (Title/topic of the paper) :

   (c) Details of invitation letter received from the organizers (Enclose a photocopy):

   (d) Give a brief description of the benefits propose to be derived from attending the above Conference/workshop/sumposium/ school in relation to present research activities of the applicant. :

   (e) Details of National/International conference/ symposium/workshop/school already attended during the current financial year :
      i. National
      ii. International
      iii. Total amount so far availed from the Institute for attending such conference/ symposia/workshop during the current financial year :

3. **Financial Assistance**
   (a) State whether TA/DA is provided by the organizers :

   (b) Approximate financial requirements from the Institute, if no TA/DA is provided by the organizers :

   (c) Advance money, if required :

4. **Accommodation**
   State whether accommodation/local hospitality is provided by the organizers on charge basis or free of cost :

5. **Duty leave required :**
   No. of days **From** **To**

Date : **Signature of the Applicant**

6. Recommendation (In case of Research Scholars only)

I recommend participation of ……..… in the …….. (Conference/ Symposia/Workshop/School) to be held at …….. during the period from …….. to …….

Signature of the supervisor
Name :
Designation :

(FOR OFFICE USE ONLY)

7. Availability of funds : (Give remarks)

(Accounts Officer) **(Registrar)**

8. Approval :

(Director)