

**SREE CHITRA TIRUNAL INSTITUTE FOR MEDICAL SCIENCES & TECHNOLOGY
THIRUVANANTHAPURAM—695 011, INDIA.**

APPLICATION FOR LEAVE ON DUTY TO ATTEND CONFERENCE/SEMINARS/WORKSHOPS

1. Name & Student Code : _____
2. Course and level : _____
3. Place of assignment : _____
4. No. of days of special leave required for : days
5. Period of leave : From..... To.....
6. Details of the Conference/Seminars/Workshops
 - Name : _____
 - Venue : _____
 - Date : From.....To.....
7. Title of paper being presented : _____
8. Has the Abstract of the paper being presented is approved by the Director? If so, attach the original copy with Director's approval. :
9. Have all the co-authors of the paper affixed their signature on the abstract? :
10. Indicate below the "Leave on Duty" availed during the current year:

No. of days	From	To	Whether availed TA/DA, Registration fee etc.

11. Do you require TA/DA/Registration fee etc. for the present move? If so, attach the communication accepting your paper for presentation :
12. Mode of Travel requested for : AIR/TRAIN/BUS

Date: _____ *Signature of applicant* _____

Remarks of HOD
(including the details of alternate duty arrangements made)

HOD

Remarks of Academic Division

Dean

Registrar

O/S

LDCT

Sanctioned/Not Sanctioned

DIRECTOR