

APPLICATION FOR NATIONAL / INTERNATIONAL TRAVEL TO ATTEND ACADEMIC WORKSHOP
(To be submitted 30 days in advance)
DEPARTMENT OF MATHEMATICS

Dated:

1. Applicant's name:..... PSRN:

Designation:.....

Email address: Phone No.:.....

2. Purpose of the visit: (Tick appropriate box below)

Invited Speaker

Keynote lecture

Presenting Paper

Chairing Session

To attend the workshop

3. Whether paper has been accepted: Yes No Not Applicable

4. Title of the talk/ paper:

.....

5. Name of the workshop:

6. Venue: Date of event:

Organized by:

7. Is the workshop listed in Tier I/II list prepared by DRC(YES/NO).....

If not justify the importance of the workshop.....

.....

.....

8. Financial Involvements (Rs):

a) Air and/or Rail fare:.....

b) Bus/Taxi fare :

c) Daily allowance:

d) Registration fee:

e) Accommodation:

Total:

9.(a) Have you availed the PS I / Professional Development Fund in current financial year? Yes No

(b) Amount left in your Professional Development Fund:

10. Enclosures: (Please tick)

a) Acceptance of the participation.

b) Brochure of workshop (highlight registration fee and other important details)

Signature of the Applicant

FOR OFFICE USE ONLY

Approved Not Approved

Signature
Convener
Departmental Research Committee

Signature
Head of the Department