

SANTOSH



UNIVERSITY

(Established u/s 3 of the UGC Act, 1956)

No.1 Santosh Nagar, Ghaziabad-201 009, India

Ph. No. 0120-2743419 Fax No. 0120-2741140 Email-ID: santosh@santoshuniversity.com

OFFICE OF THE REGISTRAR

F. No. SU/2017/

Date: 11/08/2017

MEMORANDUM

Subject: Grant of permission to attend 2nd International Digital Dental Conference at New Delhi from 18.08.2017 to 20.08.2017.

Dr. Amita Singla, Professor, Department of Prosthodontics & Crown and Bridge, Santosh Dental College & Hospital is informed that she is permitted to attend 2nd International Digital Dental Conference at New Delhi from 18.08.2017 to 20.08.2017.

The period of her absence for the above purpose will be treated as on duty (3 Days). TA/DA will be paid by the University. She will be required to make necessary arrangements to look after her duties during her absence with information to the Academics Section and submit her departure and joining reports for the same.

Dr. Amita Singla,
Professor,
Department of Prosthodontics & Crown and Bridge

[V. P. GUPTA]
REGISTRAR



Copy to:

1. PS to Vice-Chancellor
2. Dean, Santosh Dental College
3. The Head of the Department of Prosthodontics & Crown and Bridge
4. Personnel Department
5. Guard file.

SANTOSH UNIVERSITY

**APPLICATION FORM FOR SEEKING PERMISSION TO ATTEND SCIENTIFIC MEETINGS/
CONFERENCES/ SYMPOSIA/ SEMINARS/ WORKSHOPS/ SELECTION COMMITTEE
MEETINGS/ TO DELIVER THE LECTURE/ CHAIRING THE SESSION/ INVITED AS
EXTERNAL EXAMINERS (UG/ PG)/INVITED/ DEPUTED FOR ANY OTHER ACADEMIC
ACTIVITIES IN INDIA & ABROAD**

1	Name, Designation & Department	Dr. Amita Singla
2	Email ID & Mobile No.	+91 8750218761
3	Title of the Meeting/ Conference/ Symposium/ Seminar/ Workshop/ Selection Committee/ External Examiner etc. or any other Academic activities. Please Tick (✓)	<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> CME</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> SYMPOSIUM</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> SEMINAR</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input checked="" type="checkbox"/> CONFERENCE</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> WORKSHOP</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> SELECTION COMMITTEE</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> NATIONAL</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> INTERNATIONAL</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> EXTERNAL EXAMINER</div> </div> <p>Other: _____</p>
4	City/ Country in which it is to be held	City: <u>New Delhi</u> Country: <u>India</u>
5	Duration of the proposed meeting etc.	<div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 1 DAY</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> 2 DAY</div> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> 3 DAY</div> </div>
6	Name of the organizing/ inviting Institutions along with Title of Meeting/ Conference, etc.	<u>International Digital Dental Conference</u>
7	Date of departure	<u>18.08.2017</u>
7	Arrival after attending the meeting etc.	<u>21.08.2017</u>
8	Are you presenting any Scientific Paper/ Chairing session/ delivering lecture during the period of attending the meeting etc. (enclosed documentary evidence) or participants only (please indicate clearly). Please Tick (✓)	<div style="display: flex; flex-wrap: wrap; gap: 5px;"> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SCIENTIFIC PAPER</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> CHAIRING</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> DELIVERING LECTURE</div> <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> POSTER</div> <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/> JUST ATTENDING</div> </div>
9	Name of the funding agency (self or other)	<div style="border: 1px solid black; padding: 2px; display: inline-block;"><input type="checkbox"/> SELF</div> Other <u>Santosh University</u>

10	How the participation in meeting/ conference/ symposium/ seminar/ workshop/ short term trainings/ any other academic activities etc. in question helps in his work at the Institute.	
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Certified that the details furnished above by me are correct to the best of my knowledge and nothing has been concealed. I also undertake that I will furnish the participation certificate as soon as I return from the same.

A. Singh

(Signatures & date of the Applicant)

- Note:** - 1. While forwarding the applications, Head of the Department should ensure that 50% of the total strength of faculty (in position) of the concerned Department should be available in the Department during the duration of the meeting/ conference/ symposium/ workshop/ short term training/ any other academic activities in question.
2. **Enclose evidence**
 3. **Attach Invitation Letter**
 4. **Permission will be sent by Email**
 5. **The attendance certificate is required to be submitted after attending the Meeting/ Conference.**

1. RECOMMENDATIONS OF THE HEAD OF THE DEPARTMENT WHETHER

RECOMMENDED or NOT RECOMMENDED

S. V. Singh

Signatures & date of the HOD

1. THROUGH THE DEAN, SANTOSH MEDICAL/ DENTAL COLLEGES / MEDICAL SUPERINTENDENT WHETHER

RECOMMENDED or NOT RECOMMENDED

[Signature]

Signatures & date of the Dean concerned
Medical Superintendent

To,

The Vice-Chancellor,
Santosh University,
Ghaziabad.