



SANTOSH

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Established u/s 3 of the UGC Act, 1956

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No.1 Santosh Nagar, Ghaziabad-201 009, NCR Delhi,

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

OFFICE OF THE REGISTRAR

F. No. SU/2018/756

Date: 23/06/2018

MEMORANDUM

Subject: Grant of permission to attend International Conference of Endoscopy Training Program at Paul's Hospital, Kochi on 15.06.2018.

Dr. Gunjan Gulati, Assistant Professor, Department of OBG, Santosh Medical College is informed that she has been granted ex-post-facto permission to attend International Conference of Endoscopy Training Program at Paul's Hospital, Kochi on 15.06.2018 (1 day). TA/DA will be paid by the University.

The period of her absence for the above purpose has been treated as on duty. She will be required to submit her departure and joining reports for the same.

[Dr. V. P. GUPTA]
REGISTRAR

Dr. Gunjan Gulati,
Assistant Professor,
Department of OBG,

Copy to:

1. PS to Vice-Chancellor
2. Dean, Santosh Medical College
3. Head of the Department of OBG
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. Gunjan, Asst. Prof, OBG
2	Email ID & Mobile No.	gunjan.gulati@santosh.ac.in
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>Kochi</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 checked="" 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 type="checkbox"/> 3 DAY</div> </div>
6	Name of the organizing/ inviting Institutions along with Title of Meeting/ Conference, etc.	Paul Hospital, Kochi
7	Date of departure	15-06-18
	Arrival after attending the meeting etc.	16-06-18
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)	<input type="checkbox"/> SELF Other <u>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.



(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



Signatures & date of the HOD

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

RECOMMENDED or NOT RECOMMENDED



Signatures & date of the Dean concerned
Medical Superintendent

To,

The Vice-Chancellor,
Santosh University,
Ghaziabad.