

SANTOSH



UNIVERSITY

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

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

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OFFICE OF THE REGISTRAR

F. No. SU/2017/1174

Date: 27/11/2017

MEMORANDUM

Subject: Grant of permission to attend 29th National conference at I.T.S Centre for Dental Studies & Research on 01.12.2017.

Dr. Manish Gupta, Reader, Department of Oral Medicine, Diagnosis & Radiology, Santosh Dental College is informed that he is permitted to attend 29th National conference at I.T.S Centre for Dental Studies & Research on 01.12.2017.

The period of his absence for the above purpose will be treated as on duty leave (1 Day). TA/ DA will be paid by the University. He will be required to make necessary arrangements to look after his duties during his absence with information to the Academics Section and submit her departure and joining reports for the same.

Dr. Manu Gupta,
Reader,
Oral Medicine, Diagnosis & Radiology

Copy to:

1. PS to Vice-Chancellor
2. Dean, Santosh Dental College
3. Head of the Department of Oral Medicine, Diagnosis & Radiology
4. Department of Personnel
5. Guard file.

[V. P. GUPTA]
REGISTRAR



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 Manish Gupta Reader, Dept of Oral Medicine, Diagnosis &
2	Email ID & Mobile No.	manishgupta@gmail.com - Radiology 9999784966
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: Meerut Country: India
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.	I. T. S. Centre for Dental Studies & Research.
7	Date of departure	11/12/17
7	Arrival after attending the meeting etc.	11/12/17
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; margin: 2px;"><input type="checkbox"/> SCIENTIFIC PAPER</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input checked="" type="checkbox"/> CHAIRING</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> DELIVERING LECTURE</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> POSTER</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;"><input type="checkbox"/> JUST ATTENDING</div> </div>
9	Name of the funding agency (self or other)	<input type="checkbox"/> SELF 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.

Mansu Gupta

(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

Mansu Gupta

Signatures & date of the HOD

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

RECOMMENDED or NOT RECOMMENDED

yes

Signatures & date of the Dean concerned
Medical Superintendent

To,

The Vice-Chancellor,
Santosh University,
Ghaziabad.