



(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/2017/54

Date: 02/02/2017

MEMORANDUM

Subject: Grant of permission to attend UAE International Dental Conference & ARAB Dental Exhibition in Dubai from 06.02.2017 to 09.02.2017 .

Dr.Meenu Taneja, Reader, Department of Periodontology, Santosh Dental College is informed that she is permitted to attend UAE International Dental Conference & ARAB Dental Exhibition in Dubai from 06.02.2017 to 09.02.2017.

The period of her absence for the above purpose will be treated as on duty leave (4 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.

[V. P. GUPTA]
REGISTRAR



Dr.Meenu Taneja,
Reader,
Department of Periodontology

Copy to:

1. PS to Vice-Chancellor
2. Dean, Santosh Dental College
3. Head of the Department of Periodontology
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. MEENU TANEJA READER Dept of Periodontology
2	Email ID & Mobile No.	meenutaneja29@gmail.com 98710444433
3	Title of the Meeting/ Conference/ Symposium/ Seminar/ Workshop/ Selection Committee/ External Examiner etc. or any other Academic activities. Please Tick (✓)	<input type="checkbox"/> CME <input type="checkbox"/> SYMPOSIUM <input type="checkbox"/> SEMINAR <input checked="" type="checkbox"/> CONFERENCE <input type="checkbox"/> WORKSHOP <input type="checkbox"/> SELECTION COMMITTEE <input type="checkbox"/> NATIONAL <input type="checkbox"/> INTERNATIONAL <input type="checkbox"/> EXTERNAL EXAMINER Other: _____
4	City/ Country in which it is to be held	City: <u>Arab</u> Country: <u>Dubai</u>
5	Duration of the proposed meeting etc.	<input type="checkbox"/> 1 DAY <input type="checkbox"/> 2 DAY <input type="checkbox"/> 3 DAY <u>4 days</u>
6	Name of the organizing/ inviting Institutions along with Title of Meeting/ Conference, etc.	<u>6/2/17 UAE International Dental Conference & ARAB Dental Exhibition</u>
7	Date of departure	<u>8/2/17</u>
7	Arrival after attending the meeting etc.	<u>9/2/17</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 (✓)	<input checked="" type="checkbox"/> SCIENTIFIC PAPER <input checked="" type="checkbox"/> CHAIRING <input type="checkbox"/> DELIVERING LECTURE <input type="checkbox"/> POSTER <input type="checkbox"/> JUST ATTENDING
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.

M. Tanuja

(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

Sbali

Signatures & date of the HOD

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

RECOMMENDED or NOT RECOMMENDED

W. S. H.

Signatures & date of the Dean concerned
Medical Superintendent

To,

The Vice-Chancellor,
Santosh University,
Ghaziabad.