

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: 05.08.2017

MEMORANDUM

Subject: Grant of permission to attend conference 31st Annual World Dentistry Summit 14.08.2017 to 16.08.2017 at Toronto, Canada.

Dr. Prashant Bhasin, Reader, Department of Conservative Dentistry, Santosh Dental College is informed that he has been permitted to attend conference 31st Annual World Dentistry Summit 14.08.2017 to 16.08.2017 at Toronto, Canada.[3 days].

The period of his absence for the above purpose will be treated as on duty leave, 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 his departure and joining reports for the same.

[V. P. GUPTA]
REGISTRAR

Dr. Prashant Bhasin

Reader

Department of Conservative Dentistry

Copy to:

1. PS to Vice-Chancellor
2. Dean, Santosh Dental College & Hospital
3. Medical Superintendent
4. Head of Department of Conservative Dentistry
5. Personnel Department
6. 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. PRASHANT BHASIN, READER, Dept. Con & Est. |
| 2 | Email ID & Mobile No. | 9885 0678 38, dr.prashant@gmail.com |
| 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;">CME</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">SYMPOSIUM</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">SEMINAR</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">CONFERENCE <input checked="" type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">WORKSHOP</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">SELECTION COMMITTEE</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">NATIONAL</div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">INTERNATIONAL <input checked="" type="checkbox"/></div> <div style="border: 1px solid black; padding: 2px; margin: 2px;">EXTERNAL EXAMINER</div> </div> <p>Other: _____</p> |
| 4 | City/ Country in which it is to be held | City: <u>Toronto</u> Country: <u>Canada</u> |
| 5 | Duration of the proposed meeting etc. | <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">1 DAY</div> <div style="border: 1px solid black; padding: 2px;">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. | 31st Annual World Dentistry Summit Toronto, Canada |
| 7 | Date of departure | <u>13/08/2017</u> |
| 7 | Arrival after attending the meeting etc. | <u>16/08/2017</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;">SCIENTIFIC PAPER</div> <div style="border: 1px solid black; padding: 2px;">CHAIRING</div> <div style="border: 1px solid black; padding: 2px;">DELIVERING LECTURE</div> <div style="border: 1px solid black; padding: 2px;">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;">SELF</div> Other <u>Santosh Dental College</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. | |
|----|--|--|

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.

Prashant Blaw

(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

Tilak

Signatures & date of the HOD

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

RECOMMENDED or NOT RECOMMENDED

WJ

Signatures & date of the Dean concerned
Medical Superintenden

To,

The Vice-Chancellor,
Santosh University,
Ghaziabad.