



SANTOSH

Deemed to be University

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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/2018/494

Date: 03/05/2018

MEMORANDUM

Subject: Grant of permission to deliver a Guest Lecturer on Kerala Association of Surgeons of India at Kochi, Kerala from 04.05.18 to 05.05.18.

Dr. Shalabh Gupta, Professor & HOD, Department of Surgery, Santosh Medical College is informed that he is permitted to deliver a Guest Lecturer on Kerala Association of Surgeons of India at Kochi, Kerala from 04.05.18 to 05.05.18.

The period of his absence for the above purpose will be treated as on duty (1.5 Days). 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.

[Dr. V. P. GUPTA]
REGISTRAR

Dr. Shalabh Gupta,
Professor & HOD,
Department of Surgery

Copy to:

1. PS to Vice-Chancellor
2. Dean, Santosh Medical College
3. The Medical Superintendent
4. Department of Personnel
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. SHALABH GUPTA Professor & HOD, Dept. of Surgery. | | | | | | | | | |
| 2 | Email ID & Mobile No. | shalabh.gupta@santosh.ac.in | | | | | | | | | |
| 3 | Title of the Meeting/ Conference/ Symposium/ Seminar/ Workshop/ Selection Committee/ External Examiner etc. or any other Academic activities. Please Tick (✓) | <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">CME</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">SYMPOSIUM</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">SEMINAR</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">CONFERENCE</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">WORKSHOP</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">SELECTION COMMITTEE</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">NATIONAL</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">INTERNATIONAL</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">EXTERNAL EXAMINER</td> </tr> </table> <p>Other: <u>Guest Lecturer</u></p> | CME | SYMPOSIUM | SEMINAR | CONFERENCE | WORKSHOP | SELECTION COMMITTEE | NATIONAL | INTERNATIONAL | EXTERNAL EXAMINER |
| CME | SYMPOSIUM | SEMINAR | | | | | | | | | |
| CONFERENCE | WORKSHOP | SELECTION COMMITTEE | | | | | | | | | |
| NATIONAL | INTERNATIONAL | EXTERNAL EXAMINER | | | | | | | | | |
| 4 | City/ Country in which it is to be held | City: <u>Kochi, Kerala</u> Country: <u>India</u> | | | | | | | | | |
| 5 | Duration of the proposed meeting etc. | <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 DAY</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> 2 DAY</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 DAY</td> </tr> </table> | 1 DAY | <input checked="" type="checkbox"/> 2 DAY | 3 DAY | | | | | | |
| 1 DAY | <input checked="" type="checkbox"/> 2 DAY | 3 DAY | | | | | | | | | |
| 6 | Name of the organizing/ inviting Institutions along with Title of Meeting/ Conference, etc. | <u>Kerala Association of Surgeons of India</u> | | | | | | | | | |
| 7 | Date of departure | <u>04-05-2018</u> | | | | | | | | | |
| 7 | Arrival after attending the meeting etc. | <u>06-05-2018</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 (✓) | <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">SCIENTIFIC PAPER</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">CHAIRING</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"><input checked="" type="checkbox"/> DELIVERING LECTURE</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">POSTER</td> <td colspan="2" style="border: 1px solid black; padding: 2px; text-align: center;">JUST ATTENDING</td> </tr> </table> | SCIENTIFIC PAPER | CHAIRING | <input checked="" type="checkbox"/> DELIVERING LECTURE | POSTER | JUST ATTENDING | | | | |
| SCIENTIFIC PAPER | CHAIRING | <input checked="" type="checkbox"/> DELIVERING LECTURE | | | | | | | | | |
| POSTER | JUST ATTENDING | | | | | | | | | | |
| 9 | Name of the funding agency (self or other) | <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">SELF</td> <td>Other <u>SANTOSH UNIVERSITY</u></td> </tr> </table> | SELF | Other <u>SANTOSH UNIVERSITY</u> | | | | | | | |
| SELF | Other <u>SANTOSH UNIVERSITY</u> | | | | | | | | | | |

| | | |
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| 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.

Shalabh J.P.W.

(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

✓

Shalabh J.P.W.

Signatures & date of the HOD

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

RECOMMENDED or NOT RECOMMENDED

P.S. Dhillon

Signatures & date of the Dean concerned
Medical Superintendent

To,

The Vice-Chancellor,
Santosh University,
Ghaziabad.