

SANTOSH



UNIVERSITY

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

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

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

OFFICE OF THE REGISTRAR

F. No. SU/2017/1201

Date: 04/12/2017

MEMORANDUM

Subject: Grant of permission to deliver Guest Lectures on Exploring potential of Nano-therapeutics in Tumour Cells, Pharma genomics: Recent advances and future directions, Pharmacovigilance reporting and experience of private medical college at Acharya Shri Chander College of Medical Sciences & Hospital, Jammu ASCOMS, Medical College, Jammu from 14.11.2017 to 23.11.2017.

Dr. Vipender S Chopra, Professor & Head, Department of Pharmacology, Santosh Medical College is informed that he has been granted ex-post-facto permission to deliver Guest Lectures on Exploring potential of Nano-therapeutics in Tumour Cells, Pharma genomics: Recent advances and future directions, Pharmacovigilance reporting and experience of private medical college at Acharya Shri Chander College of Medical Sciences & Hospital, Jammu ASCOMS, Medical College, Jammu from 14.11.2017 to 23.11.2017.

The period of his absence for the above purpose has been treated as on duty as under:-

1. From 14.11.2017 to 23.11.2017 as on duty leave (8.5 Days).
2. TA/DA will be paid by the University.
3. The period of absence on 13.11.2017, 24.11.2017 and 25.11.2017 will be **treated as casual Leave / Leave of the kind due to him.**

He is required to submit his departure and joining reports for the same to the Academic Section.

[Dr. V. P. GUPTA]
REGISTRAR

Dr. Vipender S Chopra,
Professor & Head,
Department of Pharmacology

Copy to:

1. PS to Vice-Chancellor
2. Dean, Santosh Medical College
3. Personnel Manager
4. 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. Vipender S Chopra, Professor & Head, Department of Pharmacology | | | | | | | | | |
| 2 | Email ID & Mobile No. | 8082744115 | | | | | | | | | |
| 3 | Title of the Meeting/ Conference/ Symposium/ Seminar/ Workshop/ Selection Committee/ External Examiner etc. or any other Academic activities. Please Tick (✓) | <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="padding: 2px;">CME</td> <td style="padding: 2px;">SYMPOSIUM</td> <td style="padding: 2px;">SEMINAR</td> </tr> <tr> <td style="padding: 2px;">CONFERENCE</td> <td style="padding: 2px;">WORKSHOP</td> <td style="padding: 2px;">SELECTION COMMITTEE</td> </tr> <tr> <td style="padding: 2px;">NATIONAL</td> <td style="padding: 2px;">INTERNATIONAL</td> <td style="padding: 2px;">EXTERNAL EXAMINER</td> </tr> </table> <p>Other: <u>Guest Lectures</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>Jammu</u> Country: <u>India</u> | | | | | | | | | |
| 5 | Duration of the proposed meeting etc. | <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="padding: 2px;">1 DAY</td> <td style="padding: 2px;">2 DAY</td> <td style="padding: 2px;">3 DAY</td> </tr> </table> <u>10 Day</u> | 1 DAY | 2 DAY | 3 DAY | | | | | | |
| 1 DAY | 2 DAY | 3 DAY | | | | | | | | | |
| 6 | Name of the organizing/ inviting Institutions along with Title of Meeting/ Conference, etc. | <u>Acharya Shri Chander College of Medical Sciences & Hospital, Jammu ASCOMS,</u> | | | | | | | | | |
| 7 | Date of departure | <u>14.11.2017</u> | | | | | | | | | |
| 7 | Arrival after attending the meeting etc. | <u>24.11.2017</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 (✓) | <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="padding: 2px;">SCIENTIFIC PAPER</td> <td style="padding: 2px;">CHAIRING</td> <td style="padding: 2px;"><input checked="" type="checkbox"/> DELIVERING LECTURE</td> </tr> <tr> <td style="padding: 2px;">POSTER</td> <td colspan="2" style="padding: 2px;">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) | <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. | |
|----|--|--|

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.