



# Dr. Ram Manohar Lohia Institute of Medical Sciences,

Vibhuti Khand, Gomti Nagar, Lucknow-226010

Phone no: +91-522 6692190, 6692192; Email: ERegistrarRMLIMS@gmail.com

Website-www.drrmilims.ac.in

**APPLICATION FOR**  
**NATIONAL/INTERNATIONAL CONFERENCE/WORKSHOP/SEMINAR/ CME /SYMPOSIUM**  
**PART – A**  
**(To be filled by Faculty)**

<b>Name:</b>				
<b>Designation:</b>				
<b>Department:</b>				
<b>Date of Joining:</b>				
<b>Event:</b>			<b>Name of Event</b>	
National Conference		International Conference		
CME		Workshop		
Symposium		Seminar		
<b>Presentation at Conference:</b>			<b>Title of Presentation</b>	
Abstract (Platform/Poster)		Guest Lecture		
Panel Discussion		Poster Presentation		
Chairperson		Moderator		
<b>Organization:</b>				
<b>Venue:</b>				
<b>Place:</b>				
<b>Conference Dates:</b>				
<b>Date &amp; Time of Departure:</b>				
<b>Date &amp; Time of Arrival:</b>				
<b>Total leaves required:</b>		From: ..... To: .....		
<b>Date of Joining Duty:</b>				
<b>No. of National Conferences availed in current financial year:</b>				
<b>Last International Conference attended (Place &amp; Year) (If applicable):</b>				

<b><u>Applying for (Tick whichever is applicable)</u></b>				
1. Permission	Yes		No	
2. Duty leave	Yes		No	
3. TA & DA	Yes		No	
4. Registration Fees	Yes		No	
5. Advance required	Yes		No	
6. Visa Fees (for International Conf ONLY)	Yes		No	
7. Travel Medical Insurance (for International Conf ONLY)	Yes		No	



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1. Expenditure Details (Approximate)						
	Registration Fee	Travel	DA As per rule	Others	Total expense	Advance required
Amount & Currency						
2. Honorarium expected if any during visit:						
3. Any other source of funding for conference (If yes please specify)				Yes	No	
Faculty responsible for hospital services during this period. He/ She will not take leave in this duration.						
S. No.	Name	Designation	Signature			

### Declaration (In case of Abstract Acceptance)

I hereby declare that the work undertaken for (details of abstract: Poster/Platform) .....  
.....was carried out at Dr. Ram Manohar Lohia Institute of Medical Sciences, Lucknow.  
In collaboration with (if applicable) .....

(Signature of the Faculty)

Date:

(Recommendation of the HoD)

Date:

<b>Mandatory Enclosures:</b>	
1. Letter of invitation/abstract acceptance letter.	
2. In case of abstract acceptance: copy of abstract.	
3. Brochure for the Conference (please include the 1 <sup>st</sup> page and pages showing place, dates and registration fee slabs of the event).	

### PART-B

(For ER Establishment Office Use Only)

#### Recommendation:

Number for FY	Permission	Duty Leave	TA	DA	Reg Fee	Advance (₹)	Visa Fee	Travel Medical Insurance
National 1							NA	NA
National 2							NA	NA
National 3							NA	NA
National 4							NA	NA
International								

Dated: \_\_\_\_\_

Dealing Assistant

Additional Registrar

Executive Registrar