

Dated:

1. Applicant's name: PSRN: Dept.
 Designation: Campus:
 Email address: Phone No.:

2. Purpose of the visit: (Tick appropriate box below)

Invited Speaker ☐Keynote lecture ☐Presenting Paper ☐Chairing Session ☐Presenting poster ☐Other ☐3. Whether paper has been accepted: Yes ☐ No ☐ NA ☐4. Title of the talk/poster/paper:

5. Name of the conference:

6. Venue: Date of event:

Organized by:

Whether the Conference is listed in the approved list of the Department? Yes ☐ No ☐
 If Yes, then under which category does it fall? Tier 1 ☐ Tier 2 ☐ Others* ☐

(*Please send a brief summary about the conference with justification of its usefulness in your professional growth)

7. Financial Involvements (Rs):

a) Bus/Taxi fare :

b) Rail fare/Air Fare:

c) Daily allowance:

d) Registration fee:

Total:8. Have you availed the travel grant in current financial year? Yes ☐ No ☐If yes, provide details (Year, Title of paper, conference):

9. Enclosures: (Please tick)

a) Acceptance of the paper

b) Copy of the paper / abstract

c) Brochure of Conference/seminar/workshop

Signature Convener, DRC, Physics Department**Signature of the applicant**Recommended ☐ Not recommended ☐Approved ☐ Not Approved ☐FOR OFFICE USE ONLY**Head (Physics Department)**Recommended ☐ Not recommended ☐