APPLICATION FOR NATIONAL / INTERNATIONAL TRAVEL TO ATTEND ACADEMIC CONFERENCES

(To be submitted 30 days in advance)

DEPARTMENT OF MATHEMATICS

A And Brown Harman	DODA	Dated:
1. Applicant's name:		
Designation:		
Email address:	Phone No.:	
2. Purpose of the visit: (Tick appropriate be	ox below)	
Invited Speaker	Keynote lecture	Presenting Paper
Chairing Session	Any other, specify	
3. Whether paper has been accepted: Y	es No	
4. Title of the talk/ paper:		
5. Name of the conference:		
6 . Venue:	Date of eve	ent:
Organized by:		
7. Is the conference listed in Tier I/II list pro		
	erence	
8. Financial Involvements (Rs):		
•	or Rail fare:	
	fare:	
	owance:	
, -	tion fee:	
•	odation:	
Total:		
9.(a) Have you availed the PS I / Profession	onal Development Fund in current financi	ial year? Yes No
(b) Amount left in your Professional Dev	elopment Fund:	
10. Enclosures: (Please tick)a) Acceptance of the paperb) Copy of the abstract/ paper (paper for	•	
c) Brochure of Conference/seminar (hig	phlight registration fee and other importa	nt details)
	Signatu	re of the Applicant
FOR OFFICE USE ONLY		
Approved Not Approved		
Approved Not Approved		

Signature Convener Departmental Research Committee Signature Head of the Department