

Tel: +91 877 250 3531

ACADEMIC SECTION

Email: [research@iittp.ac.in](mailto:research@iittp.ac.in)

**PERFORMA FOR ATTENDING NATIONAL / INTERNATIONAL CONFERENCE / SEMINAR**

**Part A: To be filled by the student**

1. Name of the Student :

2. Roll Number : 3. Department :

Present Type/Category of the Student: Put a check mark ✓, specify others FULL TIME / PART TIME

4.	HTRA	Project	Int	Ext	UGC	CSIR	PMRF	INSPIRE	SERB	TIH	TCG	Others

S. No	Prerequisites for attending the conference (PRIOR APPROVAL TO BE TAKEN BEFORE ATTENDING CONFERENCE/SEMINAR)	Yes / No								
1	Name of the conference/seminar ( <b>Enclose Brochure of the conference/seminar</b> )   <b>Venue:</b> _____ <b>Date:</b> _____									
2	Paper has been accepted for presentation in the conference/seminar. ( <b>Enclose Acceptance/Invitation Letter</b> )									
3	Course work has been successfully completed with a minimum CGPA of 7.5.									
4	Comprehensive examination has been completed successfully. (Not applicable for MS Scholars)									
5	Details of the conference/seminar: National <input type="checkbox"/> International <input type="checkbox"/>									
6	Dates of attending Conference/Seminar: ( <i>No other leave form required</i> ) Departure from IITTP (Date): _____ Arrival to IITTP: _____									
7	Are you seeking financial assistance from: <table border="1"> <tr> <td>Institute</td> <td></td> <td>Project</td> <td></td> <td>Others (specify)</td> <td></td> <td>Self Sponsored</td> <td></td> </tr> </table>	Institute		Project		Others (specify)		Self Sponsored		
Institute		Project		Others (specify)		Self Sponsored				

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**Note:** This form is to be submitted to the Academic Section and approval of the Director to be obtained before proceeding to the conference/seminar. After signature of the Director, original is to be given to the Accounts Section and a photo copy is to be kept in the personal file of the Student in the Academic Section

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8	If from Project, name of the Project : _____ If from Institute funds, estimated amount / budget (INR) _____ <b>(detailed break up along with supporting documents to be submitted)</b>
9	Availed financial assistance earlier?      YES / NO      National / International Name and Venue of Conference/Seminar _____ Period of Conference/Seminar : From _____ To _____ Amount Availed (INR) : _____

Contact Number		Date		Signature of student	
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**Part B: To be filled by the Department**

DC/MC recommends after evaluating the scholar during his/her presentation in the presence of DC/MC along with faculty and research scholars of the Institute. <b>(Enclose Recommendations of DC/MC)</b>	<b>Yes / No</b>
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Signature of Guide: Date:		Signature of HoD : Date:	
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**Academic Section**

JA/JS, Academics

AR/DR, Academics

Recommended / Not

Advisor, Academic Research

Dean, Academic Affairs

Approved / Not Approved

(Director)