



# Shri Mata Vaishno Devi University

Kakryal, Katra-182320 (J&K) INDIA

(A Statutory Technical University of J&K Legislature; recognized u/s 2(f) & 12(B) of UGC)

## **FORM NO. R&D/09: Format for attending various International Conference/ Workshop/ Seminar/ Symposia etc.**

1. Name of the Faculty member: \_\_\_\_\_
2. Designation: \_\_\_\_\_
3. Name of the School: \_\_\_\_\_
4. Date and Duration of the Conferences / Workshops / Seminars etc.: \_\_\_\_\_
5. Place and country where the conference shall be held : \_\_\_\_\_
6. Name of the organization holding the Conference / Workshop / Seminar/ Symposia etc. : \_\_\_\_\_
7. Request for assistance for other than PDA :
  - i. School Lab Development Funds (SLDF)
  - ii. University Funds
  - iii. Travel head of Sponsored Research Project

*[Tick the appropriate box(s)]*
8. The capacity in which faculty member is participating in the conference i.e.
  - a. As paper presenter
  - b. As chairman of technical session
  - c. As a keynote speaker

*[Tick the appropriate item]*
9. Duration of the visit for which Leave may be required: \_\_\_\_\_  
*[copy of leave format enclosed]*
10. Whether financial assistance received from any other sources. \_\_\_\_\_  
If so, please indicate as below:



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11. Documents to be enclosed:

- i. Copy of the invitation letter
- ii. Abstract of the paper to be presented,
- iii. No Objection Certificate with respect to the publications from the co-author(s) (if applicable)
- iv. Anti-plagiarism report
- v. Undertaking in the format.

Signature of the concerned faculty member

[Name in full:.....]

Date: .....

-----X-----

12. Head of School Recommended / Not recommended

Signature

Date: \_\_\_\_\_

13. Dean of the concerned Faculty Recommended / Not recommended

Signature

Date: \_\_\_\_\_

14. To, Registrar

15. Recommendations / Remarks of the committee members



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## UNDERTAKING

I Dr./Mr./Ms. ...., working in School of ....., as  
....., have applied for grant of .....  
(School Lab Development Funds (SLDF)/ University Funds/ Travel head of Sponsored  
Research Project) from the Block Period ....., for the following  
purpose:

.....  
.....  
.....  
.....

I hereby authorize the finance wing to recover the excess amount if any, in case the actual  
expenses incurred exceed the grant sanctioned.

Signature of the Faculty Member

Name in full:

Date:

School: