



**Office of Research  
PSG Institute of Medical Sciences and Research**

**Conference /Workshop Attendance and Financial Assistance Form**

**Name** ..... **Qualification** ..... **Department** .....

**Designation** ..... **Years of Experience in PSG** .....

**On Duty availed so far** ..... **(days)**

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**Details of the Program you are proposing to attend (Fill the appropriate Section ONLY)**

**1. Workshop /Any other training program**

- a) Title of the event
- b) Organizer
- c) Location
- d) Dates
- e) Nature of the event  
 National       International       Others (Please specify)
- f) Your role in the event  
 Participant       Resource Person       Others (Please Specify)

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**2. Conference**

- a) Subject area
- b) Organizer name
- c) Location
- d) Dates
- e) Nature of the event  
 National       International       Others (Please specify)
- f) Your role in the event (Please tick the appropriate option)  
 Paper Presentation (Please provide details)  
 Poster Presentation (Please provide details)  
 Faculty/Resource person (Please provide details)  
 Delegate  
 Chairperson  
 Others (Please specify)

Please attach the following documents and check the box for all that is applicable

- Invitation/Acceptance from the organizers
- Details of any other funding obtained (please include Pharma Company



**Office of Research  
PSG Institute of Medical Sciences and Research**

Funding/Any other mode of funding if you are availing)

IHEC/IAEC approval

Abstract copy

**3. Financial Assistance details**

\*Are you applying to PSGIMS&R for financial assistance to attend  Yes  No?

If yes, please fill section 3.

\*If No, please provide details of funding you are availing to attend this program (attach documentary support)

\*mandatory

**Amount Requested Presently**

- a) Travel .....
- b) Accommodation .....
- c) Registration .....
- d) Any other .....
- Total .....

Amount availed so far for this year (January- December).If not availed any please mention none. ....

**Please Note:**

- Only permanent employees can avail the travel assistance
- Senior Residents/ Assistant Professors/Associate Professors are expected to present a paper/ poster or have a role in the conference to avail this. Professors can avail if any of his/her students present a paper/poster or if he/she has any role in the conference
- The maximum amount sanctioned per year is as follows :  
Assistant Professor/Senior Residents with PG qualification Rs 20,000, Associate Professor Rs 30,000 and Professor Rs 40,000
- If you would like to apply for financial assistance over and above the above mentioned amount, please fill this form accompanied by a one page description of how the program will be beneficial to you and the institute and your future plans in application of the skills /knowledge you have gained in your own specialty/institute.
- The application should be submitted to the Office of Research ATLEAST 10 days prior to the event. Applications received after the travel will not be considered.
- All those who attend conferences/ workshops are **requested to submit a one page report along with the certificate of participation/attendance /presentation copy** to the Office of Research within a week of their return. On duty leave and the reimbursement will be approved only after submission of these reports.

Signature of the Faculty .....

Signature of the Head of the Department .....  
(With comments if any)

**For Office Use only**

Date Received .....

Documents Checked ..... Comments (If any)

Signature of Director Research with Date

Approved Not Approved Comments (If any)

Signature of Dean with Date