**Note:** Please read the guidance notes carefully and fill out this application form completely in all respect before submitting it to the Director, R & D Cell, OPJU.

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

# Part I: Personal Particulars

Applicant’s Name: ..............................................................................................................................

*Capital Letters*

Department: ..............................................................................................................................

Date of Joining: ..............................................................................................................................

Designation: ..............................................................................................................................

Mob. No.: ..............................................................................................................................

E-mail: ..............................................................................................................................

# Part II: Details of the Conference/Seminar/Workshop

*Please Tick (√) the Appropriate Item*

Conference

Workshop

Seminar

STTP

FDP

Symposium

Others

Name of Conference/Workshop/Seminar/STTP/Symposium/FDP/Others:

**.........................................................................................................................................................................................** Date (s): From ................................. to................................. No. of Days: ................................. Venue: ................................................................................................................................................................................................

Name and Address of Organizing University/College/Industry/CSIR/Others: Name: ..............................................................................................................................

Department: ..............................................................................................................................

Address: ..............................................................................................................................

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

PIN Code: ..............................................................................................................................

Phone No: ..............................................................................................................................

E-mail Address: ..............................................................................................................................

Name of the Affiliation University (If any): .....................................................................................................

Applicant’s Status in the Conference/Seminar/Workshop: ..................................................................

Specifically invited to the conference/seminar/workshop: **Yes No**

***Please specify your role:***

|  |  |  |
| --- | --- | --- |
| Keynote address: | Yes | No |
| Paper presentation: | Yes | No |
| Poster presentation: | Yes | No |
| Chair of plenary session: | Yes | No |

Others, please specify: ...........................................................................................................................................................

List of names of co-authors or co-presenters (if applicable) 1. ............................................................................................................

|  |  |  |
| --- | --- | --- |
| 2. ........................................................................................................... | . |  |
| 3. ........................................................................................................... | . |
| 4. ........................................................................................................... | . |
| Relevance of Course to your Specialization: Yes | No | NA |
| Copy of Original Leaflet Attached: Yes | No | NA |

Number of Such Academic Programs Attended In Current Year (Jan-Dec):…………………………………

If Application is for attending Conference:

National/International: ………………………………………….

Acceptance Letter from Organizers Attached:

Original Paper Attached: Yes No

Financial Support Desired: Yes No

If Financial Support Required: Yes No

Registration/Delegation Amount: …………………………………….

Proof Original Ticket Attached (To & Fro): …………………………………………..

Whether Alternative Arrangement made during Period of Absence: Yes No

Applicant’s Signature Recommended by

Signature of HOD

……………………………………………………………………………………………………………… Approved by

Director – Research & Development (R&D) Cell, OP Jindal University