

**WEST BENGAL UNIVERSITY OF ANIMAL AND FISHERY SCIENCES**

**36 & 68, Kshudiram Bose Sarani, Kolkata -700037**

**PROFORMA FOR APPLICATION OF SPECIAL CASUAL LEAVE IN COONECTION WITH PARTICIPATION IN SEMINAR/SYMPOSIUM/WORKSHOP/TRAINING/EXTERNAL EXAMINATION/ VIVA VOCE / INTERVIEW ETC**

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| --- | --- |
| 1. Name and Designation of the Faculty Member / Officer |  |
| 1. Name of the Faculty and Department |  |
| 1. Purpose of leave application & duration of leave (including prefix, suffix, if any) |  |
| 1. Title of the programme/ seminar/symposium/ workshop / Trg./ examination/ viva voce etc. |  |
| 1. Name of the scientific forum / university organizing the conference / seminar/symposium/ workshop / training / external examination / viva vice/ talk etc |  |
| 1. Whether Station Leave permission is required? Yes / No |  |
| 1. If Yes in Sl. No. 6, Full Leave Address |  |
| 1. Are you the member of the above organization? If so mention the portfolio. |  |
| 9. Whether the Faculty member / Officer has been invited by the organization to Chair a session to present lead paper or key note address or as a panelist or other? |  |
| 10. Number of conference/ seminar/ symposia/ workshop/ training etc. attended during the current financial year. |  |
| 11. If applicable, has the research work proposed to be presented by you been conducted under an approved research programme at this university? Also to be indicated that the present paper was not presented or published earlier. |  |
| 12. If applicable, has the work proposed to be presented by you at the conference/seminar/symposium etc. been done by you or by your student and is part of therein? |  |
| 13. If applicable, has one copy of the abstract been signed by all the authors and permission to present the paper/ abstract has been obtained? |  |
| 14. If the abstract proposed to present is from the work, which was conducted outside this university, then whether the consent of the outside institute where the applicant was previously working has been obtained? If yes, enclose a copy of consent. |  |
| 15. Please indicate whether the topics proposed to be covered in the conference /seminar /symposia / workshop /training etc. is within the area of your discipline or current work or upcoming work. |  |
| 16. Whether delegation of charge of your office is required for the leave period? (Yes / No) If Yes please mention the name of the person to whom charge be delegated. |  |
| 17. Early bird registration fees for the conference | Rs. |
| 18. **Estimated cost for the TA/DA etc.** | Rs. |
| 19. **Expenditure for 17 & 18 to be met out of the university fund or any project fund?** | Rs. |

Certified that the information given above by me are true.

Date:

Signature of the applicant: …………………………………..

Comments of Head of the Department:

Comments of Dean / DREF / Registrar (as is concerned):