

SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI

ACADEMIC SECTION

ACAD FORM - 03

APPLICATION FOR GRANT OF PERMISSION AND SANCTION OF
SCL TO ATTEND CONFERENCE / WORKSHOP

From

Date:

To
The Dean
SVIMS
Tirupati.

Sir / Madam,

Sub: SVIMS, Tirupati – Permission to attend the conference/workshop – Sanction of Special Casual Leave (SCL) – Requested – Reg.

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I studying course
..... batch, wish to attend the conference being organised
by..... at..... level. It will
be held from to at.....

My paper/poster presentation is accepted by the organizing authorities. The copy of the acceptance letter is enclosed. (Strike off it not applicable).

Hence, I request you to sanction the special casual leave from
to.....(.....days) to attend the conference including the journey time. I have
already availed days as SCL in this academic year.

Yours sincerely

Signature

Mobile No:

Forwarding authority

I am hereby forwarding his / her application for attending the conference/workshop. In his / her absence the workload in the department (Teaching/Clinical/Investigative) shall not be affected and a minimum of 50% residents are on duty.

Signature of HoD with Seal

Instructions:

- 1. The request shall be submitted atleast 10 days before the schedule of the conference for grant of leave if the conference is held within the country. If it is outside the country, it shall be submitted atleast 1 month before the schedule of the conference.*
- 2. The leave is granted for the actual days of the conference and for journey depends upon the location, subject to availability at his/her credit.*
- 3. The HOD shall assess the genuineness of the program and its utility.*
- 4. For more details refer the latest version of Resident's Manual.*