**FORM NO. 3**

**PERMISSION TO ATTEND SEMINARS / CONFERENCES / WORKSHOP / MEETINGS OUTSIDE THE STATE**

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<tbody>
<tr>
<td><strong>1.</strong></td>
<td>Name</td>
</tr>
<tr>
<td><strong>2.</strong></td>
<td>Designation &amp; Present place of working</td>
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<td><strong>3.</strong></td>
<td>Name of the Seminar / Conference / Workshop / Meeting</td>
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<td><strong>4.</strong></td>
<td>Place of Seminar / Conference / Workshop / Meeting</td>
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<td><strong>5.</strong></td>
<td>Date of Seminar / Conference / Workshop / Meeting</td>
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<td><strong>6.</strong></td>
<td>Purpose of visit with justification</td>
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<td><strong>7.</strong></td>
<td>Whether any paper accepted for presentation, if so, a copy must be attached</td>
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<td><strong>8.</strong></td>
<td>Details with dates of such Seminars / Conference / Workshop / Meetings attended during the last 3 years.</td>
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<tr>
<td><strong>9.</strong></td>
<td>Tour Programme must be attached</td>
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Date:

**Signature of the Applicant**

**Recommendations of the Head of the Department**

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<tr>
<td><strong>i.</strong></td>
<td>The details of the visits of other staff members in the Dept. of such meetings during the financial year.</td>
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<td><strong>ii.</strong></td>
<td>Justification for recommending the applicant for Seminar / Conference / Workshop / Meeting</td>
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<td><strong>iii.</strong></td>
<td>Sources for meeting the expenditure and the budget head (Ab/A/c. No. with DAC)</td>
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<td><strong>iv.</strong></td>
<td>Substitute working arrangement during the training period</td>
</tr>
</tbody>
</table>

Date:

**Signature of the Head of the Department**
Recommendation of the Controlling Officer (DR/DE/DOE/Dean/ADRE/Head)

Date: 

Signature & Designation

Recommendation of the Higher Officer: Director of Education / Director of Research / Director of Extension:

Date: 

Signature & Designation

CWC to The Administrative Officer, UHS, Udyanagiri, Bagalkot (in triplicate) for the favour of necessary action.

Concurrence from Comptroller:
Ab/Ac. No. with DAC

Date: 

Comptroller

Approval by the Hon’ble Vice Chancellor:

Date: 

Vice Chancellor

R.W.C to the Concerned Teacher/Scientist

Date: 

Administrative Officer