

काशी हिन्दू विश्वविद्यालय Banaras Hindu University
 प्रायोजित शोध एवं औद्योगिक परामर्श प्रकोष्ठ Sponsored Research and Industrial Consultancy Cell

APPLICATION FOR INTERNATIONAL TRAVEL SUPPORT (TEACHERS)

1. Applicant Details			
(a)	Name	(b)	Employee No.
(c)	Designation	(d)	Department
(e)	Faculty	(f)	Institute
2. Event Details			
(a)	Nature of Event	<input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Seminar <input type="checkbox"/> Academic meeting	
(b)	Duration of event	From: _____ To: _____	
(c)	Place of event	City: _____; Country: _____	
(d)	Travel dates	Departure: _____; Arrival: _____	
(e)	Paper presentation	<input type="checkbox"/> Oral <input type="checkbox"/> Poster	
(f)	Title of the Paper		
	Enclosures	<input type="checkbox"/> Brochure of the Event <input type="checkbox"/> Acceptance letter from the event organisers <input type="checkbox"/> Copy of the Paper/ abstract accepted for presentation	
3. Certificate from the Applicant			
Certified that:			
(a)	Above event is neither commercial nor predatory in nature	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b)	Theme (or one of the themes) of the event is in my area of academic interest	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Paper has been accepted for presentation	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date:

Signature of Applicant

4. Endorsement from the Head of the Department and Dean of the Faculty			
(a)	Information given above by the Applicant is correct to the best of my knowledge and belief	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b)	No one else is applying for financial support for the same paper	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c)	Participation in the event would be of academic value to the applicant. Application is strongly recommended for grant of International Travel Support*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*In case the proposal is not recommended by the HoD/Dean, specific reasons may be given on a separate sheet			

Date:

 Head/Coordinator
 Department/School/Centre

Date:

Dean of the Faculty

5. FOR SRICC USE ONLY

All the documents are checked and found to be in order. Application may be considered for approval.

Section Officer

Dy. Registrar (SRICC)

Approved

Professor Incharge (SRICC)