

CHITTARANAJAN NATIONAL CANCER INSTITUTE  
37, S. P. Mukherjee Road, Kolkata – 700 026

APPLICATION FOR ATTENDING CONFERENCE / SYMPOSIUM / MEETING / WORK-SHOP / TRAINING / ETC.

1. Name (Block Capital) :
2. Designation :
3. Department :
4. Basic Pay :                      Pay Level :                      N.P.A. :
5. Name of the Conference, etc. \*  
.....  
.....
6. Purpose of training, workshop.....  
.....
7. Venue \* : .....
8. Date :                      /                      / 20                      to                      /                      / 20
9. Title of paper : .....
10. Mode of presentation : Oral / Poster / Invited lecture / Any other (pl. specify) : .....
11. Registration Fee \* : Amount : Rs.                      Due date :                      /                      / 20  
Mode of payment : Cash / Draft / Cheque / ECS / RTGS  
To whom payable : .....
12. Details of Conference /Symposium/Etc. attended, if any, during present and previous year :  
Conference / Etc. :  
Venue :                      Date :                      /                      / 20
13. Whether advance for TA/DA required :                      Yes / No.
14. Proposed ON DUTY period : From                      /                      / 20                      to                      /                      / 20
15. Any other relevant information : .....

Date :                      /                      / 20

Signature : \_\_\_\_\_

\* Attach relevant papers

Remarks of H.O.D.

Date: / / 20

Signature :

Remarks of Academic Co-ordinator

Attended ..... No (s) of conference (s) / Has not attended many conference

Eligible for TA, DA & Reg. Fee / Eligible for Reg. Fee only /

Not eligible for any.

Date: / / 20

Signature :

Remarks of Asst. Accounts Officer / Accounts Officer

Fund available / fund not available for the purpose

Date: / / 20

Signature :

Remarks of O. I. C. / Director

Date: / / 20

Signature :