

To,  
The Dean,  
VSPM'S DCRC,  
Nagpur.

### REQUEST FOR PRIOR PERMISSION TO ATTEND CONFERENCE

1	Name of Teaching Staff Member	
2	Designation	
3	Department	
4	Name of Conference	
5	Dates of the conference	
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	
7	Title of Presentation	
8	Date of joining the present institute	

Signature of staff member

Date: / /

Signature of HOD

.....  
**For Office Use**

May be sanctioned for prior permission only:

Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- 1) This permission is only for the purpose of records with Research Committee. Hence leave application should be submitted separately to Dean office, DCRC.
- 2) Staff members should submit all relevant bills and documents within 10 days of their return from the conference to research committee (in R.C. form 2) along with copy of prior permission (R.C. Form 1) for availing travel grants.

To,  
 The Dean,  
 VSPM'S DCRC,  
 Nagpur.  
 Through: Research Committee

**REQUEST FOR REIMBURSEMENT OF CONFERENCE EXPENSES (after attending)**

1	Name of Teaching Staff Member	
2	Designation	
3	Department	
4	Name of Conference	
5	Dates of the conference	
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty	
7	Title of Presentation	
8	Details of amount requested i) Registration fees: ii) Travel: iii) Accommodation iv) Total	
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member  
 Date: / /

Signature of HOD

.....

**For Office Use**

Admissible amount:	
Earlier grant availed:	
Amount that can be sanctioned:	

Chairperson, Research Committee

Sanctioned

Dean

Enclosure: Invitation letter as guest speaker/paper or poster presentation acceptance where applicable

Note:

- Staff members should submit this form along with all relevant bills and documents within 10 days of their return from the conference to Research Committee along with copy of prior permission for availing grant.

To,  
The Secretary,  
VAHE, Nagpur.

Through: The Dean, VSPM'S DCRC, Nagpur.

**REQUEST FOR PRIOR PERMISSION TO ATTEND CONFERENCE / WORKSHOP.  
(Overseas)**

1	Name of Teaching Staff Member	
2	Designation	
3	Department	
4	Name of Conference	
5	Dates of the conference	
6	Oral/ Poster presentation (as presenter)/ guest speaker/ faculty/ workshop participant	
7	Title of Presentation	
8	How your attending this conference will be useful to the department / institute.	
9	Have you availed any amount earlier in the calendar year for conference: if yes, amount.....	

In hereby declare that I have not received any funds for the same conference from any other agency

Signature of staff member  
Date: / /

Signature of HOD

.....  
**For Office Use**

Chairperson, Research Committee

Signature of the Dean

Remark

Secretary VAHE  
.....

Note:

- 1) Staff members should submit in RC form 2 all relevant bills and documents within 10 days of their return from the conference to Research committee along with copy of prior permission for availing grant.

To,  
The Dean,  
VSPM'S DCRC,  
Nagpur.

Through: Research Committee

### REQUEST FOR PUBLICATION INCENTIVE

1	Name of Teaching Staff Member	
2	Designation	
3	Department	
4	Details of publication with title, Authors, co authors, journal, year, volume,page no and index	
5	Whether Thesis publication? Yes/No	

Signature of staff member

Date: / /

Signature of HOD

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**For Office Use**

Chairperson, Research Committee

Sanctioned

Dean

Enclosure: Copy of publication

To,  
 The Dean,  
 VSPM'S DCRC,  
 Nagpur.  
 Through: Research Committee

**REQUEST FOR ANNUAL STUDY ALLOWANCE**

1	Name of Teaching Staff Member	
2	Designation	
3	Department	
4	Study title	
5	Principal investigator	
6	Co-investigator	
7	IEC approval detail	
8	Budget with details, duration of the study and likely date of completion.	
9	Have you availed any amount earlier for annual study allowance, if yes, amount and date.....	

Signature of staff member  
 Date: / /

Signature of HOD

.....  
**For Office Use**

Chairperson, Research Committee

Signature of the Dean

Remark

To,  
The Dean,  
VSPM'S DCRC,  
Nagpur.  
Through: Research Committee

### REQUEST FOR PG THESIS RESEARCH ALLOWANCE

1	Name of PG student	
2	Name of the guide	
3	Department	
4	Study title	
5	Principal investigator	
6	Co-investigator	
7	IEC approval detail	
8	Budget with details, duration of the study and likely date of completion.	

Signature of PG student

Date: / /

Signature of HOD

.....  
**For Office Use**

Chairperson, Research Committee

Signature of the Dean

Remark

To,  
The Dean,  
VSPM'S DCRC,  
Nagpur.  
Through: Research Committee

**REQUEST FOR PG STUDENTS' RESEARCH ALLOWANCE**

1	Name of PG student	
3	Department	
4	Study title	
5	Principal investigator	
6	Co-investigator	
7	IEC approval detail	
8	Budget with details, duration of the study and likely date of completion.	

Signature of PG student

Date: / /

Signature of HOD

.....  
**For Office Use**

Chairperson, Research Committee

Signature of the Dean

Remark

To,  
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 Nagpur.  
 Through: Research Committee

**REQUEST FOR UG STUDENTS' RESEARCH ALLOWANCE**

1	Name of UG student	
3	Department	
4	Study title	
5	Principal investigator	
6	Co-investigator	
7	IEC approval detail	
8	Budget with details, duration of the study and likely date of completion.	

Signature of PG student  
 Date: / /

Signature of HOD

.....  
**For Office Use**

Chairperson, Research Committee

Signature of the Dean

Remark

To,  
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Nagpur.  
Through: Research Committee

### REQUEST FOR COLLABORATIVE PROJECT GRANT

1	Name of Teaching Staff Member	
2	Designation	
3	Department	
5	Study title	
6	Principal investigator	
7	Co investigator	
8	Details of Collaborating institute/department	
9	IEC approval detail	
10	Budget with details, duration of the study and likely date of completion.	

Signature of staff member

Date: / /

Signature of HOD

.....  
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Chairperson, Research Committee

Signature of the Dean

Remark

To,  
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 Nagpur.  
 Through: Research Committee

**REQUEST FOR RD INNOVATION FUND FOR CLINICAL/ACADEMIC RESEARCH AND DEVELOPMENT**

1	Name of Teaching Staff Member	
2	Designation	
3	Department	
4	Study title	
5	Principal investigator	
6	Co-investigator	
7	IEC approval detail	
8	Budget with details, duration of the study and likely date of completion.	
9	Have you availed any amount earlier for RD INNOVATION FUND, if yes, amount and date.....	

Signature of staff member  
 Date: / /

Signature of HOD

.....  
**For Office Use**

Chairperson, Research Committee

Signature of the Dean

Remark