



# UNIVERSITY OF AZAD JAMMU AND KASHMIR

(Directorate of Advance Study and Research)

## REQUEST FORM FOR PARTICIPATION IN SEMINAR/ CONFERENCE/ WORKSHOP/ SYMPOSIUM/ SHORT TRAINING, ETC.

1- Name of Participant:

2- Designation:

2- Institute/Department/ Centre:

3- Title of the Seminar/Conference, etc:



5- Organized by:

6- Place of Seminar:

7-Facilities offered by the organizer:  
[Please tick (√) the provided facility, if any]:

	Yes	No
Registration fee		
T.A./D.A.		
Accommodation		

8- Purpose of attending:

[Please tick (√) appropriate box]:

	Yes	No
Only for participation		
For presentation of paper(s)		

er of acceptance/invitation for paper presentation/participation]

9- Number of activities [Seminar, Conference etc.] attended during the current fiscal year:

10. Requested is made for:

Registration Fee  Yes  No

Rs:

TA without Accommodation:

DA without accommodation:

TA/DA including subsidized accommodation:

From	To	Days

Signature of Applicant

No. -----

Date: -----

Forwarded by:

Office Stamp

Chairman/Director

Recommended by:

Office Stamp

Dean

Note: - i) Request form dully filed in should be submitted to the office of the Director, Academics, Education, Planning & Research at least one week (working days) before for necessary process and approval.  
ii) subsidized accommodation upto Rs. 500/- per night will be paid under rules.



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## FINANCIAL ASSISTANCE REQUEST FORM FOR ORGANIZING CONFERENCE/SEMINAR/WORKSHOP/SYMPOSIUM ETC.

1. Title of proposed Activity: \_\_\_\_\_  
\_\_\_\_\_
2. Aims and objectives of proposed conference/seminar/workshop., etc.  
Likely outcome and follow up program there of  
----- [Please attach separate sheet]-----
3. Faculty/Institute/Department/Centre: \_\_\_\_\_
4. Name & designation of program coordinator: \_\_\_\_\_
5. Composition of Organizing Committee: \_\_\_\_\_
  1. .... Convenor
  2. .... Programme coordinator
  3. .... Member
  4. .... Member
  5. .... Secretary
6. Proposed date and duration:
 

From	To	Days
7. Venue:
- 8- Number of participants (Local):  International:
- 9- Name and particulars of guest-speaker(s) if any)?  
----- [Please attach separate sheet]-----
10. Estimated expenditure to be incurred:

Sr No.	Item	No.	Rate/Unit (Rs)	Estimated Expenditure (Rs)
1				
2				
3				
4				
5				
6				
<b>Total:</b>				

**Chairman/Director**

Note: - i) Request form dully filled in should be submitted to the office of the Director, Academics, Education, Planning & Research at least one week (working days) before for necessary process and approval.