



MALABAR CANCER CENTRE

(*An Autonomous Center Under Govt. of Kerala*)

Thalassery, Kannur, Kerala PIN 670103

REPORT OF CONFERENCE ATTENDED

Name :

Designation :

Department :

Conference Details

Name of Conference :

Place of Conference :

Date of Conference :

Faculty/Delegate :

Title of Presentation :

(Attach copy of certificate)

Paper/Poster :

Indicate special areas of knowledge gained/acquired as a result of this visit

1.

2.

3.

Indicate how this visit has benefited Malabar Cancer Centre

1.

2.

Date of joining duty :

Certified that the information given above is true

Date:

Signature of Applicant

IRB Details (To be filled by the IRB office)

IRB approval No. & Date :

Study Completion Report (SCR) Submitted :

(Attach Study Completion Report)*

Date:

Signature:

Name

Designation

Name of Conference

Dates of Conference

From:

To:

Duration of Stay

From:

To:

Registration & Transport details (Attach all originals)

Registration fees :

Mode of Transport :

Expense for onward journey :

Expense for return journey :

Duration of stay :

Total Expense for stay :

Date of joining duty :

Certified that the information given above is true

Date:

Signature of Applicant

Academic Council Recommendation

Whether request submitted in time?

Whether presented in Academic Forum?

Whether recommended by Academic Council?

Recommended for: 1. Duty leave alone

2. Duty leave and full expenses

Signature of Chairman of Academic Council