



PROFORMA

**APPLICATION FOR SPONSORSHIP OF MEDICAL OFFICERS TO ATTEND
SEMINAR/CONFERENCE/WORKSHOP ETC.**

FINANCIAL YEAR		With TA&DA	Without TA&DA
1.	Name of the Doctor		
2.	Designation		
3.	Pay band level		
4.	Qualification		
5.	Present Department where posted		
6.	If working in the same specialization/department as the subject of conference or not? *		
7.	Statement of purpose enclosed		
8.	Date of joining the Corporation		
9.	Age as on start of the conference		
10.	Details of previous conference: (a) Seminar/Conference/Workshop etc. last attended. <i>(please indicate name of Organization particular and duration of the programme)</i> (b) Financial Year of last Seminar/Conference etc. attended (c) Whether with TA&DA or without TA&DA		
11.	Name/Date of the Seminar/ Conference/ Workshop for which sponsoring required. (Brochure to be attached)		
12.	Experience in the field in which Training programme/ Conference etc. is being proposed		
13.	Any papers submitted to be read in Seminar/Conference/Workshop etc. Whether papers accepted /rejected?		
14.	Conference fee/Registration charges as Early Bird		
15.	Workshop charges etc. if as early bird		
16.	Whether TA & DA admissible & claimed		

*If cross discipline/exceptional cases/non-PGs/Doctors in DCBOs, Medical Commissioner-Zonal Office to recommend based on a note from the concerned doctor as to how it will benefit him/her and the organization.

Signature of the Doctor: _____

Designation: _____

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Whether any disciplinary proceeding pending against the Officer.	
Recommendation/Certificate of M.S /Dean that the Doctor has not attended any seminar/conference/workshop etc. on the expenses of ESIC during the present Financial-year: _____ and that the work of the Hospital/Medical College will not suffer during the absence of the Doctor.	Recommended & Certified Signature with Seal : Name : Designation :

FOR OFFICE USE	
Recommendation/Certificate of Medical Commissioner-Zonal Office to recommend based on a note from the concerned doctor as to how it will benefit him/her.	Recommended & Certified Signature with Seal : Name : Designation :