NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH
BHUBANESWAR

PROPOSAL FOR INVITING VISITORS/SPEAKERS TO NISER

Name of the Proposer:	
Designation with PF No.:	
School (Please put a tick):	☐ SBS ☐ SCS ☐ SMS ☐ SPS ☐ SHSS ☐ SCPS ☐ SEPS
Name of the Invitee:	
Designation:	
Affiliation:	
Purpose of visit:	☐Seminar ☐Colloquium ☐Symposium ☐Workshop ☐Research Work ☐Other
	Specify if 'Other':_____
	Topic(if applicable):_____
Period of visit:	__ __ /__ __ / 20__ __ to __ __ /__ __ / 20__ __
Date/Time of talk(if applicable):	__ __ /__ __ / 20__ __ at __ __ : __ __ AM/PM
Financial Support (Required / Not Required)	
Travel (Please provide details):	
Accommodation (Please mention):	
Honorarium, if any:	₹
Specific remarks, if any:	

Date: __ __ / __ __ /20 __ __

Place: NISER Bhubaneswar (Signature of Proposer)

Recommended/ Not Recommended
(Chairperson of the School)

Visit **approved / not approved** with / without financial support from NISER

DIRECTOR