



NATIONAL INSTITUTE OF SCIENCE EDUCATION AND RESEARCH, BHUBANESWAR
(An autonomous Institution under Department of Atomic Energy, Govt. of India)
Form For Financial Support To Attend National/International Conference/Seminar/Workshop

1. Name of Student		Academic Year		20__ - 20__	
2. Roll No.		Semester		School	
3. a) Completed comprehensive Examination (for Ph.D students only)		<input type="checkbox"/> Yes <input type="checkbox"/> No		b) Completed State of Art Seminar <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Financial support requested for		<input type="checkbox"/> National / <input type="checkbox"/> International		<input type="checkbox"/> Conference/ <input type="checkbox"/> Seminar/ <input type="checkbox"/> Workshop	
5. Details of Conference/Seminar/Workshop (Please attach copy of the invitation letter and all the relevant documents)					
a) Host Institute/University _____					
b) Venue of Conference : _____ Country _____					
c) Conference/Seminar/Workshop duration _____ days, from _____ to _____					
d) Selected for Poster Presentation <input type="checkbox"/> Oral Presentation <input type="checkbox"/> Any other <input type="checkbox"/>					
6. Details of partial financial support from the host Institute/any other funding agency, if yes, give the details					
7. Details of financial support required : (Tick the correct one)					
Contingency Fund <input type="checkbox"/> Faculty Research Grant <input type="checkbox"/>					
* (i) Travel Support: _____ * (ii) Registration _____					
*(iii) Others if any: _____ total estimated amount required from NISER ₹ _____					
8. Details of previous attended National/International: Conference/Seminar/Workshops etc.					
Sl No.	Details of National/International: Conference/Seminar/Workshops you attended	Country	Duration	Year	Sources of Funds
1					
2					
3					
9. Proposed dates for leaving headquarter and joining back the Institute					
Leaving on __/__/20__, AN/FN Joining on : __/__/20__, AN/FN					
10. Leave required for ___ days, From __/__/20__ to __/__/20__ (Please attach duly filled in leave application)					
I Ms/Mr. _____ hereby declare that I have obtained/not obtained any support from any other source.					
Date : __/__/20__					
Place: NISER, Bhubaneswar					
<u>Full Signature of the Student</u>					
N.B: 1) The actual reimbursement of expenses incurred shall be as per rule and after approval of the competent authority.					
2) This form should be submitted one month in advance.					
* Please attach supporting documents.					
Balance of fund available in his contingency grant is ₹ _____ as on dated __/__/20__					
APO (F & A)			D.C.A		
<u>RECOMMENDED/ NOT RECOMMENDED</u>					
<u>Signature of the Thesis Supervisor</u>					
<u>APPROVED /NOT APPROVED</u>					
<u>Chairperson of the School</u>					