



CENTRE OF BIOMEDICAL RESEARCH

(Formerly Centre of Biomedical Magnetic Resonance)

An Autonomous Centre of Govt. of U.P.

Sanjay Gandhi Postgraduate Institute of Medical Sciences Campus, Raebareli Road, Lucknow – 226014, U.P. (INDIA)

To,
The Director
CBMR, Lucknow

Subject: Application for Attending Conference/Meeting

1. Name of Applicant : _____
2. Designation : _____
3. Address : _____
4. Contact No. : _____
5. Email ID : _____
6. Conference/Meeting Details : Type (Tick the Option) : National International
Title : _____
Date : _____
Venue : _____
7. No. of Conferences/Meetings : National International
attended in FY 2019-20
8. Duty Leave : From: _____ To: _____ Total Days: _____
9. Reimbursement Claimed* : 1. Registration Fee
(Tick the Option) 2. Travel Expenses
3. Accommodation
4. Fooding Charges
5. Poster Printing Charges
6. Other Expenses (Mention the details)

* Reimbursement will be made on submission of relevant bills as per rules.

10. Expenses Claimed from : Project Contingency State Fund*
(Tick the Option)
Project Title: _____

Signature of PI/HOD with date

Signature of Applicant with date

- * If expenses are claimed from State Fund the applicant has to enclose the following documents with this application:
- | | |
|--|--|
| (i) Invitation and Acceptance from the Organizers | (ii) Complete Brochure with Registration fee details |
| (iii) Signed copy of Abstract | (iv) Benefits of attending the conference |
| (v) Mention whether the applicant is presenting paper as 1 st or 2 nd Author | |