



# University of Science and Technology Meghalaya

## Request for Financial Sanction/Approval Form

### Seminar/Conference/Workshop/Short term course/Memberships

Date of application: 03/11/2017

S. No.	Seminar <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Short term course <input type="checkbox"/>
1.	Name with Employee Code Dr Sanchita Roy
2.	Designation: Department: Date of joining: Contact number & e-mail ID: Assistant Professor Physics 01.09.2016 rsanchita1@gmail.com
3.	Name of the event/ Membership and website address (if any): 12 <sup>th</sup> International Conference on Laser Light and Interactions with Particles
4.	Organizers of the event / Body of Membership : Department of Atmospheric Sciences, Texas A & M University, College Station, Texas, USA.
5.	Date and place of the event / Membership : March 5 <sup>th</sup> to 9 <sup>th</sup> 2018, Texas A & M University, USA
6.	Nature of the event / Membership : <input type="checkbox"/> Regional <input type="checkbox"/> National <input checked="" type="checkbox"/> International
7.	Financial liability of USTM (if any) Yes <input type="checkbox"/> <input checked="" type="checkbox"/> No <input type="checkbox"/>
8.	Whether chairing a session? Whether presenting a paper? If yes, whether you are first author? (If yes, attach a copy of your abstract/paper) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
9.	Justify the necessity/relevance for attending the event / Membership w.r.t. to your research / subject. A prestigious platform organized matching my area of research.
10.	No. of SPCL required to attend this event: No. of SPCL availed so far: 10days NIL
11.	Please provide your consent on providing a one page report on the proceedings of the event attended Agree <input type="checkbox"/> <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/>
12.	Alternate arrangement of Class <input type="checkbox"/> Done <input checked="" type="checkbox"/> Not Done <input type="checkbox"/> Not Applicable
13.	Signature of applicant  03/11/2017
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p> Registrar University of Science &amp; Technology, Meghalaya</p> <p>Approval of Academic Registrar</p> </div> <div style="width: 45%;"> <p> Recommendation of the Dean</p> <p> Academic Registrar University of Science &amp; Technology Meghalaya</p> </div> </div>	

Registrar  
University of Science & Technology,  
Meghalaya

Registrar

Finance Officer  
University of Science & Technology, Meghalaya

Finance Officer



12th International Conference on  
Laser-Light and Interactions with Particles  
March 5<sup>th</sup>-9<sup>th</sup>, 2018, College Station, Texas, USA



Certificate of Presentation

Dear Dr. Sanchita Roy:

This letter is to confirm that Sanchita Roy from the University of Science and Technology Meghalaya gave a oral presentation entitled "Light scattering tool to typify sub-micron particles in relevance to biomedical science" at the jointly held ELS-XVII and LIP2018 conferences. The conference was held at Texas A&M University, College Station on March 5-9, 2018.

As the XVII<sup>th</sup> conference on Electromagnetic and Light Scattering (ELS-XVII) is organized in a joined framework with the LIP for the first time in 2018, this certificate is also valid for the presentations at the ELS.

Sincerely,

Prof. Ping Yang, and Dr. Patrick Stegmann  
Department of Atmospheric Sciences, College of Geosciences  
Texas A&M University  
3150 TAMU  
College Station, TX 77843-3150  
[atmo.tamu.edu/lip2018](mailto:atmo.tamu.edu/lip2018)



**LIP-2018 Organizing Committee**  
3150 TAMU, College Station, TX 77843-3150, USA  
Tel: +1 979 862 4341  
Email: [pstegmann \(at\) tamu.edu](mailto:pstegmann@tamu.edu)


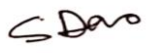


# University of Science and Technology Meghalaya

## Request for Financial Sanction/Approval Form

### Seminar/Conference/Workshop/Short term course/Memberships

Date of application: 10.12.2016

S. No.	Seminar <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Short term course <input checked="" type="checkbox"/>	
1.	Name with Employee Code	Dr Seram Anil Singh
2.	Designation: Department: Date of joining: Contact number & e-mail ID:	Assistant Professor Applied Biology 02.09.2016 gautamseram@yahoo.co.in
3.	Name of the event/ Membership and website address (if any):	Refresher Course on "Genetics and Molecular Biology"
4.	Organizers of the event / Body of Membership :	Indian Institute of Science(IISc),Bengaluru
5.	Date and place of the event / Membership :	16-29 January 2017,IISc Bengaluru.
6.	Nature of the event / Membership :	<input type="checkbox"/> Regional <input checked="" type="checkbox"/> National <input type="checkbox"/> International
7.	Financial liability of USTM (if any)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8.	Whether chairing a session? Whether presenting a paper? If yes, whether you are first author? (If yes, attach a copy of your abstract/paper)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9.	Justify the necessity/relevance for attending the event / Membership w.r.t. to your research / subject.	A prestigious platform organized matching my area of research.
10.	No. of SPCL required to attend this event: No. of SPCL availed so far:	16days 4 days
11.	Please provide your consent on providing a one page report on the proceedings of the event attended	Agree <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/>
12.	Alternate arrangement of Class	<input type="checkbox"/> Done <input checked="" type="checkbox"/> Not Done <input type="checkbox"/> Not Applicable
13.	Signature of applicant	<i>Seram Anil Singh</i> 10.12.2016
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">   Recommendation of HOD </div> <div style="text-align: center;">   Recommendation of the Dean </div> </div>		

  
Registrar  
University of Science & Technology,  
Meghalaya

Registrar

  
Finance Officer  
University of Science & Technology, Meghalaya

Finance Officer





Indian Academy of Sciences  
Bangalore



Indian National Science Academy  
New Delhi



The National Academy of Sciences, India  
Allahabad

# Science Academies'

## Refresher Course on Genetics and Molecular Biology

*Organized by*

Indian Institute of Science, Bengaluru (16 – 29, January 2017)  
at Department of Microbiology and Cell Biology

*Sponsored by*

Indian Academy of Sciences, Bengaluru, (IASc)  
Indian National Science Academy, New Delhi, (INSA)  
The National Academy of Sciences, India, Allahabad, (NASI)

*This is to certify that*

*Dr Seram Anil Singh*

*University of Science and Technology, Meghalaya*

*participated in this Refresher Course and completed successfully.*

**Professor Umesh Varshney**

(Course Director)

Chairman, Division of Biological Sciences,  
Indian Institute of Science, Bengaluru





# University of Science and Technology Meghalaya

## Request for Financial Sanction/Approval Form

### Seminar/Conference/Workshop/Short term course/Memberships

Date of application: 31/07/ 2018

S. No.	Seminar <input type="checkbox"/> Conference <input checked="" type="checkbox"/> Workshop <input type="checkbox"/> Short term course <input type="checkbox"/>	
1.	Name with Employee Code	Nitu Borogohain
2.	Designation: Department: Date of joining: Contact number & e-mail ID:	Assistant Professor Physics 11.08.2016 nituborogohain.ism@gmail.com/9365333726
3.	Name of the event/ Membership and website address (if any):	OSI-International Symposium on Optics (OSI-ISO-2018)
4.	Organizers of the event / Body of Membership :	Indian Institute of Technology (IIT), Kanpur
5.	Date and place of the event / Membership :	19-22 Sept 2018, IIT Kanpur
6.	Nature of the event / Membership :	<input type="checkbox"/> Regional <input type="checkbox"/> National <input checked="" type="checkbox"/> International
7.	Financial liability of USTM (if any)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8.	Whether chairing a session? Whether presenting a paper? If yes, whether you are first author? (If yes, attach a copy of your abstract/paper)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9.	Justify the necessity/relevance for attending the event / Membership w.r.t. to your research / subject.	The Symposium focuses exactly on my research area.
10.	No. of SPCL required to attend this event: No. of SPCL availed so far:	8 days 5days
11.	Please provide your consent on providing a one page report on the proceedings of the event attended	Agree <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/>
12.	Alternate arrangement of Class	<input type="checkbox"/> Done <input checked="" type="checkbox"/> Not Done <input type="checkbox"/> Not Applicable
13.	Signature of applicant	<i>Nitu Borogohain</i> 31/07/2018
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Mayuri Devesh</i></p> <p>Recommendation of HOD</p> </div> <div style="width: 45%;"> <p><i>Azizim</i></p> <p>Recommendation of the Dean</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>Approval of Academic Registrar</p> </div> <div style="width: 45%;"> <p><i>Mm</i></p> <p>Academic Registrar University of Science &amp; Technology Meghalaya</p> </div> </div>		

*[Signature]*  
Registrar  
University of Science & Technology,  
Meghalaya

Registrar

*[Signature]*  
Finance Officer  
University of Science & Technology, Meghalaya

Finance Officer



**XLII ANNUAL MEETING OF THE OPTICAL SOCIETY OF INDIA**  
**OSI - International Symposium on Optics (OSI-ISO 2018)**  
**19 - 22 September 2018**



**INDIAN INSTITUTE OF TECHNOLOGY KANPUR**

**CERTIFICATE OF PARTICIPATION**

This is to certify that ~~Mr./Ms.~~ **Nitu Borgohain** has participated in the OSI - International Symposium on Optics (OSI-ISO 2018) conducted at the Indian Institute of Technology Kanpur from 20<sup>th</sup> to 22<sup>nd</sup> September 2018. He/She delivered the work as ~~a poster~~ an oral presentation.

Dr. S. Anantha Ramakrishna  
Convenor

Dr. J. Ramkumar  
General Secretary


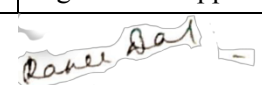





# University of Science and Technology Meghalaya

## Request for Financial Sanction/Approval Form

### Seminar/Conference/Workshop/Short term course/Memberships

Date of application: 28.11.2017

S. No.	Seminar <input type="checkbox"/> Conference <input type="checkbox"/> Workshop <input type="checkbox"/> Short term course <input checked="" type="checkbox"/>
1.	Name with Employee Code Dr Saiyyad Alamdar Husain
2.	Designation: Department: Date of joining: Contact number & e-mail ID: Assistant Professor Applied Biology 01.07.2015 alamdar.amu@gmail.com/7983430492
3.	Name of the event/ Membership and website address (if any): Training on "Improved Nutritional Outcomes Through Integrated Approaches of Processing".
4.	Organizers of the event / Body of Membership : ICAR-Central Institute of Agricultural Engineering, Bhopal.
5.	Date and place of the event / Membership : 20.02.2018 to 12.03.2018, ICAR-CIAE, Bhopal
6.	Nature of the event / Membership : <input type="checkbox"/> Regional <input checked="" type="checkbox"/> National <input type="checkbox"/> International
7.	Financial liability of USTM (if any) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
8.	Whether chairing a session? Whether presenting a paper? If yes, whether you are first author? (If yes, attach a copy of your abstract/paper) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
9.	Justify the necessity/relevance for attending the event / Membership w.r.t. to your research / subject. This was an advanced training immensely useful for teacher which would render benefit to my students.
10.	No. of SPCL required to attend this event: No. of SPCL availed so far: 23days NIL
11.	Please provide your consent on providing a one page report on the proceedings of the event attended Agree <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/>
12.	Alternate arrangement of Class <input type="checkbox"/> Done <input checked="" type="checkbox"/> Not Done <input type="checkbox"/> Not Applicable
13.	Signature of applicant 
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">   Recommendation of HOD </div> <div style="text-align: center;">   Recommendation of the Dean </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;">   Approval of Academic Registrar </div> <div style="text-align: center;">   Academic Registrar  University of Science &amp; Technology  Meghalaya </div> </div>	

Registrar  
University of Science & Technology,  
Meghalaya

Registrar

Finance Officer  
University of Science & Technology, Meghalaya

Finance Officer



## ICAR-Central Institute of Agricultural Engineering

Nabibagh, Berasia Road, Bhopal - 462038 (M.P.)

Website: [www.ciae.nic.in](http://www.ciae.nic.in)

APPD/CAFT/2017-18/31



### CERTIFICATE

This is to certify that **Dr. Saiyyad Alamdar Husain**, Assistant Professor, University of Science and Technology, Meghalaya (USTM), Baridua has successfully completed 21 days CAFT Training on **"Improved nutritional outcomes through integrated approaches of processing"** sponsored by Indian Council of Agricultural Research, held at ICAR-Central Institute of Agricultural Engineering, Bhopal during 20.02.2018 to 12.03.2018.

Date : 12<sup>th</sup> March, 2018

Place: Bhopal

(Subir Kumar Chakraborty)  
Course Co-Director

(Dipika A Murugkar)  
Course Co-Director

(K.K. Singh)  
Course Director &  
Director, ICAR-CIAE, Bhopal





# University of Science and Technology Meghalaya

## Request for Financial Sanction/Approval Form

### Seminar/Conference/Workshop/Short term course/Memberships

Date of application: 10.10.2018

S. No.	Seminar <input type="checkbox"/> Conference <input checked="" type="checkbox"/> Workshop <input type="checkbox"/> Short term course <input type="checkbox"/>		
1.	Name with Employee Code	Dr Mayuri Devi	
2.	Designation: Department: Date of joining: Contact number & e-mail ID:	Assistant Professor Physics 01.08.2016 deveemayuri@gmail.com	
3.	Name of the event/ Membership and website address (if any):	23rd DAE-BRNS HEP International Symposium	
4.	Organizers of the event / Body of Membership :	Jointly by Department of Atomic Energy, Government of India and IIT, Madras	
5.	Date and place of the event / Membership :	10-14 December, 2018, IIT Madras	
6.	Nature of the event / Membership :	<input type="checkbox"/> Regional <input type="checkbox"/> National <input checked="" type="checkbox"/> International	
7.	Financial liability of USTM (if any)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8.	Whether chairing a session? Whether presenting a paper? If yes, whether you are first author? (If yes, attach a copy of your abstract/paper)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9.	Justify the necessity/relevance for attending the event / Membership w.r.t. to your research / subject.	A prestigious platform organized matching my area of research.	
10.	No. of SPCL required to attend this event: No. of SPCL availed so far:	7days 4days	
11.	Please provide your consent on providing a one page report on the proceedings of the event attended	Agree <input checked="" type="checkbox"/> Do not agree <input type="checkbox"/>	
12.	Alternate arrangement of Class	<input type="checkbox"/> Done <input checked="" type="checkbox"/> Not Done <input type="checkbox"/> Not Applicable	
13.	Signature of applicant	<i>Mayuri Devi</i> 10/10/2018	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><i>Mayuri Devi</i> 10/10/2018</p> <p>Recommendation of HOD</p> </div> <div style="width: 45%;"> <p><i>AKZimm</i></p> <p>Recommendation of the Dean</p> <p><i>Mm</i></p> <p>Academic Registrar University of Science &amp; Technology Meghalaya</p> </div> </div> <p>Approval of Academic Registrar</p>			

*[Signature]*  
Registrar  
University of Science & Technology,  
Meghalaya

Registrar

*[Signature]*  
Finance Officer  
University of Science & Technology, Meghalaya

Finance Officer



# CERTIFICATE OF PARTICIPATION

THIS IS TO CERTIFY THAT

**Dr. Mayuri Deveci**

FROM

**University of Science and Technology, Meghalaya**

HAS SUCCESSFULLY PARTICIPATED AND PRESENTED A TALK IN THE

**XXIII DAE-BRNS HIGH ENERGY PHYSICS SYMPOSIUM**

(DECEMBER 10-14, 2018)

Held at the

**Indian Institute of Technology Madras**

P. K. Behera

Convener