**University of Science and Technology Meghalaya**

**Request for Financial Sanction/Approval Form**

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

Date of application:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Seminar □ Conference | □ | Workshop □ Short term course | □ |
| 1. | Name with Employee Code |  |
| 2. | Designation: Department:Date of joining:Contact number & e-mail ID: |  |
| 3. | Name of the event/ Membership andwebsite address (if any): |  |
| 4. | Organizers of the event / Body ofMembership : |  |
| 5. | Date and place of the event / Membership : |  |
| 6. | Nature of the event / Membership : | □ Regional □ National □ International |
| 7. | Financial liability of USTM (if any) | Yes □ No □ |
| 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 □ No □Yes □ No □Yes □ No □ |
| 9. | Justify the necessity/relevance for attendingthe event / Membership w.r.t. to your research / subject. |  |
| 10. | No. of SPCL required to attend this event:No. of SPCL availed so far: |  |
| 11. | Please provide your consent on providing aone page report on the proceedings of the event attended | Agree □ Do not agree □ |
| 12. | Alternate arrangement of Class | □ Done □ Not Done □ Not Applicable |
| 13. | Signature of applicant |  |
| Recommendation of HODApproval of Academic Registrar |  | Recommendation of the Dean |  |

 Registrar Finance Officer