**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 and  website address (if any): | |  | |
| 4. | Organizers of the event / Body of  Membership : | |  | |
| 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 attending  the 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 a  one 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 HOD  Approval of Academic Registrar | |  | Recommendation of the Dean |  |

Registrar Finance Officer