

# Conference Authorization Form

Name & Emp ID: \_\_\_\_\_ Designation: \_\_\_\_\_

Department: \_\_\_\_\_

Title of Abstract/Paper: \_\_\_\_\_

Conference Title: \_\_\_\_\_

Conference Venue: \_\_\_\_\_ Conference Type: \_\_\_ National \_\_\_ International

Conference Date(s): \_\_\_\_\_ Duration of Visit: \_\_\_\_\_ Days

**ABSTRACT ACCEPTED** (*Attach hard copy of **abstract acceptance email***)

- Yes  No

**SUBMISSION TYPE**

- Abstract  Full Length Paper

**TYPE OF PRESENTATION**

- Oral Presentation  Poster Presentation

**Will ABSTRACT/PAPER BE PUBLISHED IN CONFERENCE PROCEEDINGS**

- Yes  No

**ESTIMATED COST**

<u>Registration</u>	<u>Travel</u>	<u>Accommodation</u>	<u>DA/Meals</u>	<u>Other*</u>	<b><u>TOTAL</u></b>
Rs _____	Rs _____	Rs _____	Rs _____	Rs _____	Rs _____

*\* If other, please submit details*

**SUBMITTED BY**

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*Name* *Department* *Date* *Signature*

**ENDORSEMENT by HoD**

Will applicant's teaching or other institutional commitments be affected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, have the necessary arrangements been made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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*Name* *Department* *Date* *Signature*

CECOS UNIVERSITY  
**Conference Authorization Form**

ORIC – P2

**CHECK LIST: to be verified by ORIC**

1. Is a copy of accepted abstract of paper attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is name of Department and University mentioned in the abstract/paper?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have conference details (e.g., type, venue, duration, registration cost, etc) been verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the budget requested to attend conference reasonable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**REMARKS (if any):**

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**ENDORSEMENT by DIRECTOR, ORIC**

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*Name* *Date* *Signature*

**ENDORSEMENT by DEAN**

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*Name* *Department* *Date* *Signature*

**ENDORSEMENT by DIRECTOR, FINANCE**

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*Name* *Date* *Signature*

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