**CONFERENCE LEAVE & PARTICIPATION FORM**

**Note: Full – time Faculty members are required to fill this form when they wish to avail leave for attending or participating in seminars or conference.**

|  |  |
| --- | --- |
| **Name of Faculty** |  |
| **First Name Middle Name Last Name** |
| **Designation** |  | **Department** |  |
| **Reporting To** |  |
| **Conference Leave Dates** |  |  |
| **From Date (dd-mm-yy)** | **To Date (dd-mm-yy)** |

|  |  |  |
| --- | --- | --- |
| **S. No.** | **Conference Particulars** | **Remarks** |
| **BEFORE THE CONFERENCE** |
| 1   | Research Topic: |   |
| Area of Research: |
| Authors (*First/Second/Third or as applicable*) |
|  2   | Conference Theme: |   |
| Dates of the Conference: |
| Conference Venue: City/State/Country: |
| Conference type: National/Regional/International: |
| 3 | The conference is refereed and ranked (if details are available) |   |
| 4 | Technical Sponsorship:  |  |
|  5   | Tick the following as applicable and attach the required documents |   |
| Letter of Acceptance:🗖**Yes** 🗖 **No** |
| Invitation as Oral presentation/Poster presentation Or as Participant:🗖**Yes** 🗖 **No** |
| Invitation as:🗖Keynote Speaker🗖Plenary session Speaker 🗖Any other as applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6 | Tentative Schedule of Travelling: |   |
| 7 | Abstract/full paper to be published in proceedings: |   |
| **AFTER THE CONFERENCE & REIMBURSEMENT** |
| 8 | Submit the Relevant documents as mentioned below |
| Certificate of presentation |  🗖**Yes** 🗖 **No** |
| Conference Booklet/Proceedings  |  🗖**Yes** 🗖 **No** |
|  Presentation at Skyline University (Sharing knowledge with Faculty members) |  🗖**Yes** 🗖 **No** |
| Attach the invoices and mention the details of expenses in AED as given below: |
| Receipt of paid registration  | **AED:** |  |
| Air Travel Ticket with Receipt  | **AED:** |  |
| Hotel Booking (if applicable)  | **AED:** |  |
| * Other expenses
 | **AED:** |  |
| **TOTAL** |  |
| Any other (if applicable) |
| **Signature of Faculty member:**  |     |

***Note****: Please refer to “Research & Publication Handbook” for further details.*

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| **FOR OFFICIAL USE ONLY** |
| **ADMINISTRATION DEPARTMENT** |

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| **Course(s) Engaged at the time of request** |
|   |
|   |
|   |

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| **Provide details of who will engage your assigned classes in your absence:**  |
|  |

|  |  |
| --- | --- |
| Class adjustment is informed to the faculty members | 🗖 **Yes** 🗖 **No** |
| Class adjustment is accepted by concern faculty  | 🗖 **Yes** 🗖 **No** |
| **Administration Head Signature** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **RECOMMENDATION:** |
|  |
| **HEAD-RESEARCH AND INNOVATION:**  | **Signature & Date:** |
| **APPROVAL** |
|  |
| **DEAN – SCHOOL OF BUSINESS / IT** | **Signature & Date:** |
|  |
| **DVC** | **Signature & Date:** |
|  |
| **VICE CHANCELLOR** | **Signature & Date:** |