**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.**

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| --- | --- | --- | --- |
| **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)** | |

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| --- | --- | --- | --- |
| **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:** | |