

Government of Rajasthan, Department of Medical Education

Name of The College :

Application for permission to visit / attend workshop / seminar / conference Abroad

Name	
Designation & Place of Posting	
Details of the event to be attended	
Capacity in which invited to attend Personal/ Conference/Paper Presentation / As Faculty	
Country	
Duration of Proposed visit (in Days)	
How will the event benefit the participant and the hospital in which he / she serving	
Estimated expenses on proposed visit / attending the proposed event and sources of funding	
Whether spouse will accompany THE APPLICANT? (Yes/No)	

Details of foreign visit in last five years

S. No.	Year	Country	Duration (in Days)

Date

Signature

Name of Applicant.....

Designation and Department.....

Office Use Only

- | | |
|---|--------|
| 1. Whether MCI Inspection is due or not (For relevant course) | Yes/No |
| 2. Self-declaration on plain paper submitted in Hardcopy | Yes/No |
| 3. 5 Years details submitted in hardcopy | Yes/No |
| 4. Last visit's Paper submitted | Yes/No |
| 5. Departmental Enquiry is Pending against him/her under the section 16/17 CC | Yes/No |

PRINCIPAL AND CONTROLLER