



रीजनल इंस्टिट्यूट ऑफ पैरामेडिकल एंड नर्सिंग साइंसेज़ REGIONAL INSTITUTE OF PARAMEDICAL AND NURSING SCIENCES

(स्वायत संस्थान, अधीनस्थ स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार)
(An autonomous Institute under Ministry of Health & Family Welfare, Govt. of India)

जेमाबोक, आइज़ोल, मिज़ौरम - 796017
Zemabawk, Aizawl, Mizoram - 796017

Phone: 0389-2350521
e-mail: admin@ripans.ac.in

website: www.ripans.ac.in

GUIDELINES FOR ATTENDING TRAINING, WORKSHOP, CONFERENCE etc.

1. All regular faculty and staff who have cleared their probation period shall be eligible to apply for attending training, workshop, Conference etc.
2. Participation should be restricted to selected quality events and Screening Committee shall ensure that participation in the event will be beneficial to the Institute.
3. All application should be forwarded by Department/ Section Head.
4. All applicant should submit application at least two weeks before the schedule program.
5. An applicant should submit application form with the recommendation of Department Head / Section Head.
6. In order to ensure prompt action in releasing the grant, the applicant shall submit the following documents within one month after the program is over.
7. The applicant should submit details of assistance received or facilities provided by the organizers of the conference or any other similar Indian/foreign agency.
8. Attending abroad program shall be permitted during vacation period only ensuring Academic routine is not effected.
9. A brief note on the participation should be submitted.
10. Certificate of participation in the conference should be submitted.
11. TA/DA reimbursement should be as per entitlement of the applicant.
12. Original cash memo/ receipt may be enclosed with the claim.
13. All expenditure shall be sanctioned on reimbursable basis.
14. For the payment of financial expenses Government of India's rates will be followed.
15. Original cash memo/ receipt duly certified should be enclosed with the claim.
16. Any other instructions/ guidelines that may be issued from time to time.



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APPLICATION FORM FOR ATTENDING TRAINING/WORKSHOP/ CONFERENCE etc.

1	Name	
2	Designation	
3	Name of Department	
4	Contact No. and email	
5	Category SC/ST/OBC/GEN	
6	Address (i) Permanent (ii) Temporary	
7	Date of Superannuation	
8	Name of the Training/ Workshop/ Conference etc. to be attended	
9	Name of the organizer with complete address/ whether domestic or Foreign	
10	Name of the place where the program will be held	
11	Duration of the program (date, month & year)	
12	The role of the applicant/ reason for attending the program	
13	Complete travel plan : Departure time and return date	
14	Financial Assistance required (a) Registration Fee (b) Airfare (both ways) (c) Others expenses	



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15	Any support for financial assistance applied to the organizer for (a) Waive registration fee (b) Support Air Travel (c) Support boarding and lodging (d) others	
16	No. of Training/ Workshop/ Conference etc. attended in the current and previous three years with funding amount and details thereof	
17	Are you presenting research paper in conference etc, if yes, oral/poster/ both	
18	Are you an invited speaker	
19	How will it help students of your Department/RIPANS in upgrading their skills / knowledge	
20	Will you give presentation / training to faculty/ students of what you have learned/ acquired. If so, details thereof	
21	Any other information the application would like to give in support of the case	

Dated _____

Name & signature of the applicant



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CERTIFICATE BY HEAD OF THE DEPARTMENT

1. Certified that the details given by the applicant have been verified and found correct.
2. The Applicant has not applied for attending training/ workshop/ Conference etc. both domestically and overseas during the past year/two /three years.
3. The applicant has enclosed all the relevant documents.
4. During the absence of the applicant I guarantee that normal routine of the Department shall not be interrupt.

Signature :

Name :

Designation :

Office seal :

Date :



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SCRUTINY FORM

(No column should be left vacant)

(Form should be filled neatly, without any cutting)

1. Name : _____
2. Educational Qualification : _____
3. Designation: _____
4. Office ID No. : _____
5. Date & year of joining the present post : _____
6. Father's Name: _____
7. Mother's Name: _____
8. Date of Birth -- Age as on 01-01-202..... : _____ years, _____ month
9. Sex: (Male/Female): _____
10. Permanent Address: _____
11. Mobile No. : _____
12. E. Mail Address : _____

Signature of the applicant

Signature of the Scrutiny Authority