



icmr | **NIOH**
INDIAN COUNCIL OF MEDICAL RESEARCH | NATIONAL INSTITUTE OF OCCUPATIONAL HEALTH

आई सी एम आर – राष्ट्रीय व्यावसायिक स्वास्थ्य संस्थान
स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य और परिवार
कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Occupational Health
Department of Health Research, Ministry of Health
and Family Welfare, Government of India

संख्या 1/परिपत्र/2025-26/ ११५

August 1, 2025

परिपत्र/CIRCULAR

Sub: Submission of Application Form along with request for Attending Official Meetings/Conferences/Seminars/Workshops/Trainings/Examiner Assignments, etc.

It is hereby informed to all Scientists and Technical staff that henceforth, whenever applying to attend any official Meeting, Conference, Seminar, Workshop, Training Programme, or while acting as Examiner/Expert/Outside Expert, they are required to submit the duly filled Application Form along with the request letter.

This step is being implemented to ensure proper documentation and processing of duty leave in connection with official assignments outside the Institute.

A Deliberation Report post attending the event, should be submitted to the Science Secretariat, along with certificate. This report should contain the details such as (role of the applicant, knowledge gained/imparted, benefits to the individual and to the Institute, etc.).

In view of the same, all scientists and technical staff are informed to download/obtain the prescribed Application Form (available on website) and after duly filling in all the details, attach the same with the request letter seeking approval for attending the meeting/conference/seminar/workshop/training/examiner assignment and submit both the documents to the office.

This issues with the approval of the Competent Authority of the Institute.

(राहुल वाधवानी)/(Rahul Wadhvani)

वरिष्ठ प्रशासनिक अधिकारी /Sr. Administrative Officer

प्रति/To:
Notice Board

Copy to:

- OIC, ROHC(S), Bangalore –for necessary compliance
- Dr. L K Sharma – with a request to upload the said circular on the website pls.



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आई सी एम आर – राष्ट्रीय व्यावसायिक स्वास्थ्य संस्थान
(व्यावसायिक स्वास्थ्य के लिए विश्व स्वास्थ्य संगठन का सहयोगी केंद्र)
स्वास्थ्य अनुसंधान विभाग,
स्वास्थ्य और परिवार कल्याण मंत्रालय, भारत सरकार

ICMR - National Institute of Occupational Health
(WHO Collaborating Centre for Occupational Health)
Department of Health Research,
Ministry of Health and Family Welfare, Government of India

**APPLICATION FORM FOR SCIENTISTS AND TECHNICAL STAFF ATTENDING OFFICIAL
MEETING/CONFERENCE/SEMINAR/WORKSHOP/TRAINING/EXAMINER ETC.**

1	Name	
	Designation	
	Department	
	Pay Level	
2	Details of event, with Date Venue	
3	Role of the applicant & Justification for attending (E.g., speaker, chairperson, paper or poster presentation, expert, delegate, etc.)	
4	Applying for (Yes/No) 1. TA 2. DA 3. Registration fees Total estimated expenditure (in Rs.)	
5	Expenses sought, if any, from: (E.g., Institute, Project, any other)	
6	Support (TA/DA/fees) to be received from organizers/sponsoring authority, if any	
7	Fee/Honorarium/Renumeration sought/expected, if any	
8	Details of last duty leave (date, event) availed with or without financial obligation to Institute	
9	Post deliberation report for last availed duty leave submitted vide letter No.	
10	Official/staff who will look after the work of applicant in Department during the period of participation (Reliever)	Name: Designation: Signature:
13	Signature of the applicant and date	

(Note: Please attach documentary proof (brochure/invitation) of said event.)

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Meghaninagar, Ahmedabad,
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Fax: +91-79-22688710
PS to Director: +91-79-22688709, 22688340
director-nioh@gov.in | www.nioh.org

Remarks of the Head of the Department:

Details of official/staff members during the period of above event	Total strength: _____ Members on duty during said event: _____
Remarks of the Head of the Department (Recommended/ Not Recommended)	Sign of the Head of the Department

Remarks by EST-II:

Total number of Duty Leaves availed during current F.Y.	
Sign with date:	

Remarks of the Director:

Remarks of the Director (Sanctioned/ Not Sanctioned)	Sign of the Director
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