



APPROVAL FOR ACADEMIC WORKS OUTSIDE THE INSTITUTE
(NOT APPLICABLE FOR INDUSTRIAL / RESEARCH INTERNSHIP)

PART A

Table with 5 rows and multiple columns for scholar details: Name of Scholar, Admission No., Date of PhD Admission, Registration Status of the Scholar, Department, and Date of DSC Meeting.

6. Type of Academic Work (Tick any one):

Table with 8 rows (i-viii) for selecting academic work types: Presenting research work, Attending a conference, Attending project meeting, Attending course work, Attending research labs, Field visit, and Others.

7. Proposed Duration and Type of Academic Visit:

Table for duration and leave type: From/To dates, Type of Leave Required (ALCW, ALND), and Academic Leave balance.

- In case of short term visits (not more than 15 days) DSC recommendation is not mandatory. Supervisor can give the necessary observations and recommendations. For Long term visits (more than 15 days) DSC recommendation should be provided.
• ALCW is allowed for short term visits under point 6(i)-6(vii). ALND is allowed for long term visits under point 6(iv)-6(vii). In specific cases, when sufficient ALCW is not available, ALND can be availed for short term visits under point 6(iv)-6(vii).

Signature of the Student with Date:

8. Specific observations made by the Supervisor / DSC (if space is not sufficient, please attach separate sheet):

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9. Recommendation of the Supervisor / DSC (if space is not sufficient, please attach separate sheet):

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Signature of Supervisor / DSC Members present:

| Name (Department) | Position | Signature | Name (Department) | Position | Signature |
|-------------------|-----------------------|-----------|-------------------|------------------------|-----------|
| | Supervisor | | | Chairperson | |
| | Member (Dept.) | | | Member (Dept.) | |
| | Member (Sister Dept.) | | | Member (Sister Dept.) | |
| | Co-Supervisor, if any | | | External Co-Supervisor | |

Forwarded by Convener, DPGC (Name & Signature): _____

For Office Use only

| | | |
|--|------------------------------|-----------------------------|
| Checked Fee details | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Verified Fellowship details, if applicable | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Observations, if any | | |

Dealing Assistant

AR (Academic - (PG)) / DR (Academic)

Recommended / Approved by

Associate Dean (Academic – PG)

Date: _____

Approved by

Dean (Academic)

Date: _____



INDIAN INSTITUTE OF TECHNOLOGY (INDIAN SCHOOL OF MINES) DHANBAD

PART B

(To be filled in case reimbursement is required from Institute / External research fellowship contingency head. For reimbursement from project head and other travel grants, separate tour approval should be obtained from Dean (R&D))

| | | |
|-----|---|--|
| 1. | (a) Name: | |
| | (b) Admission No.: | |
| | (c) Department: | |
| 2. | (a) Place(s) to be visited: | |
| | (b) Persons to be contacted: | |
| 3. | (a) Proposed date & time starting from the institute: (DD/MM/YYYY) | |
| | (b) Proposed date & time return to the institute: (DD/MM/YYYY) | |
| 5. | Type of academic work: (as per type of academic mentioned in Sl. No. 6 of PH01-PART A) | |
| 6. | Mode of transport: | |
| 7. | Budget-head from which expenditure to be met: (Tick any one) | (i) Institute research fellowship contingency head (ii) External research fellowship (e.g, PMRF / UGC / QIP) contingency head |
| 8. | Date(s) & time of absence from tour program for personal purpose & type of leave, if any planned to be availed while on tour: | |
| 9. | Any other relevant information: | |
| 10. | Declaration: The information provided is true. | |
| | Signature of the student with date: | |
| 11. | Forwarding by the supervisor: | |
| | Signature: | |
| | Name: | |
| | Department: | |
| 12. | Recommendation by the HoD / HoC: | |
| | Signature: | |
| | Name: | |
| | Department: | |
| 13. | Verification / Comments of AR (PG): | |
| 14. | Approval of the Dean (Academics) /Associate Dean (Academics-PG): | |
| | Approved as per institute rule / Not-approved. | |
| | Leave Type: ALCW / ALND | |

[Soft copy of this form (PH01-PART B) should be attached during leave application through MIS. The hard copy should be submitted to the account section during claiming reimbursement.]

DACAD / AD(PG) > AR (PG) > HOD > SUPERVISOR > STUDENT