



MALABAR CANCER CENTRE

(an autonomous centre under Govt. of Kerala)

Thalassery, Kannur, Kerala PIN 670 103

REQUEST FOR ATTENDING TRAINING

Name of Applicant :
 Designation :
 Department :
 Probation status : completed/ on probation

Training Details

Name of Training Course :
 Organised by :
 Place of Training :
 Duration of Training :
 Training is initiated by Self/ Centre :
 Number of conferences/Training attended in this academic year :
 No. of duty leaves availed :

Permission from the Department

Signature of Colleague :
 No of duty leaves recommended by HOD :
 Permission from HOD :
 Date of joining duty :

Date: Signature of Applicant

For Academic Council Office use only:

Decision of AC : 1)A pproved 2) Rejected 3) To Resubmit 4) forwarded to AC subcommittee
 Duty leaves : 1) Eligible 2) Not Eligible
 No.of duty leaves permitted :
 Reimbursement : 1) Eligible 2) Not Eligible

Date: Signature of Chairman, AC-MCC