



# **MALABAR CANCER CENTRE**

*(an autonomous centre under Govt. of Kerala)*

Thalassery, Kannur, Kerala PIN 670 103

## **REQUEST FOR PERMISSION TO CONDUCT CONFERENCES/ ACADEMIC PROGRAMMES IN MCC**

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**Department:**

**Title:**

**Theme:**

**Proposed date:**

**Organising secretary:**

**Intention of the academic meet:**

**How will MCC be benefited?**

**Any collaboration with other professional associations/bodies/ institutions:**

If so, please mention the name:

Brief description about the same:

Reason for collaboration:

**Resource persons/Faculty invited or planned to be invited (Attach the CV)**

Sl No	Name and Designation	Institution	Approval of MCC
1			
2			
3			
4			
5			

**Support for invited resource persons:** Needed or Not needed

**Expected Expenditure:**

Sl no	Item	Expected expenditure in Rs.
1	Food and Hall Charges	
2	Audio Visual	
3	Publicity	
4	Faculty Transportation	
5	Faculty Accommodation for 2 Nights	
	Unforeseen	
	Total	

**Expected Income:**

Sl no	Item	Expected income
1	Delegate Registrations (1000 per delegate)	
2	Pharmaceutical Company support	
3	Student Registration (Free)	
	Total	

Signature of the HOD

Signature of Organising Secretary

Name:

Designation:

Date: