



MALABAR CANCER CENTRE
(an autonomous centre under Govt. of Kerala)
 Thalassery, Kannur, Kerala PIN 670 103

REQUEST FOR ATTENDING CONFERENCE/SEMINAR

Name of Applicant :
 Designation :
 Department :
 Probation status : Completed/ On probation

Conference/Seminar Details

Name of Conference/Seminar :
 Organized by :
 Place of Conference/Seminar :
 Date of Conference/Seminar :
 Faculty/ Delegate :
 Title of Presentation :
 MCC IRB Number :
 Paper/Poster :
 Accepted/awaiting acceptance :
 No. of conferences 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 :

Expected expenditure details: (Applicable only to those eligible for reimbursement)

1. Registration fee :

2. Travel expense (to and fro):

3. Expense for accommodation: (expense/day:)

4. Total expense:

Date:

Signature of Applicant

For Academic Council Office use only:

Decision of AC : 1) Approved 2) Rejected 3) To Resubmit 4) Others

Duty leaves : 1) Eligible 2) Not Eligible

No.of duty leaves permitted :

Reimbursement : 1) Eligible 2) Not Eligible

Comments:

Date:

Signature of Chairman,

AC-MCC



MALABARCANCERCENTRE
Post Graduate Institute of Oncology Sciences & Research
(An Autonomous Institution under Government of Kerala)



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DUTY LEAVE REQUEST FORM

Name :
Employee ID :
Designation :
Department :
Mobile :
Date of Program :
Total Duty Leave Required :
Expenditure if any for MCC :
Duty leave required in Travel Day :
If so, Travel Dates :
Total Leave Taken:.....Balance Available:.....for Calender Year:.....

Permission is required from.....To.....(Date)
As duty leave for the purpose of..... (Examiner/Inspector)
at.....(institution) in..... (Place)

Signature of Employee

Signature of Recommending Authority
(HOD)

Academic Council Meeting Date and Decision No :

Signature & Seal

Secretary Academic Council

Sanctioning Authority
Director