



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

**REPORT OF CONFERENCE ATTENDED**

Name:

Designation :

Department :

Probation status : completed/ on probation

**Conference Details**

(Attach copy of certificate)

Name of Conference :

Place of Conference :

Date of Conference :

Faculty/ Delegate :

Title of Presentation  
 (Attach copy of certificate) :

Paper/Poster :

Indicate special areas of knowledge gained / acquired as a result of this visit

1.

2.

3.

Indicate how this visit has benefited Malabar Cancer Centre

1.

2.

Date of joining duty :

Certified that the information given above is true.

Date:

Signature of Applicant

**Name****Designation****Name of Conference****Dates Conference****From:****To:****Duration of Stay****From:****To:****Conference Venue*****Registration & Transport details ( Attach all originals)***

Registration fees :

Mode of transport :

Expense for onward journey :

Expense for return journey :

Duration of stay :

Total expense for stay :

Total amount to be reimbursed :

Whether study completion report submitted to IRB :

Whether updated abstract submitted to IRB( Soft copy):

Certified that the information given above is true.

Date:

Signature of Applicant

**Academic Council Recommendation**

Whether request submitted in time?

Whether presented in Academic Forum?

Whether recommended by Academic Council?

Recommended for:           1. Duty leave alone  
   2. Duty leave and full expenses

Date:

Signature of Chairman of Academic Council

This letter may be submitted to MCC Accounts section