



**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) Approved 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