**Applicable to PhD scholars of MAHE institutions only Annexure 48; Version 4; 11 Sept 2023**

*(Please type information; hand-written applications will not be considered)*

|  |  |
| --- | --- |
| **Name of the Candidate** |  |
| **Admission / Registration Number** |   |
| **Date of Admission** | DD / MM / YYYY | **Date of Registration / protocol approval:** DD / MM / YYYY |
| **Duration of PhD Course completed as on date** | \_\_\_ years \_\_\_ months  |
| **Category** (Please tick relevant) | TMA Pai Scholar / Self Sponsored / National Scholar / Project fellow/Integrated MD-MS PhD/Any other (Specify) |
| **If national Scholar, mention the scheme** |  |
| **Number of DAC presentations completed**  |  |
| **Name of the Institution** |  |

**Conference / Workshop Details**

|  |  |  |
| --- | --- | --- |
| **Conference Workshop** | **National International** | **Dates of Conference / Workshop: From - To** |
| Conference / Workshop NamePlace, State, Country |  |
| Organiser’s details(Name and place) |  |
| If Conference, Title of Paper |  |
| Mode of Presentation:  | Online / Offline | Oral / Poster  |
| **Paper/ Abstract acceptance received from organizer: YES NO** |

**Support Required**

|  |  |
| --- | --- |
| **Special Casual Leaves (SCL)** | **From** DD / MM / YYYY **To** DD / MM / YYYY |
| **Financial Support** | **Registration** **TA** **DA Accommodation Charges** |
| **Source of Financial Support** | **MAHE Contingency Grant Research Grant Others, Pls Specify \_\_\_\_\_\_\_\_** **(contingency grant from national scholarship scheme)** |

**Research grant number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of funding agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary investigator name and employee code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by the PhD candidate**

**Paper/abstract is part of my PhD work DAC / Institution has reviewed and approved my abstract**

 **Similarity index of paper/abstract submitted is < 15% with < 3 word matches**

**Content in oral/poster presentation is my original work and I have not fabricated/falsified any data**

**Date: DD / MM / YYYY Signature of the candidate**

**Certification by Guide / Co-Guide**

**The event is Predatory / NOT predatory , hence May Be Permitted / Not permitted**

 **Guide Signature & Date Co-Guide Name Signature & Date**

 **Guide Name Co-Guide Name**

**Certification by HOD / Institute Ph.D. Coordinator / HOI**

 **HOD Signature & Date Institute PhD coordinator HOI/Representative of HOI and date**

**Note**

Submit the application (Hard copy) to Centre for Doctoral Studies, MAHE Manipal

If the Candidate is attending the event virtually, the sponsorship is restricted to Registration Fee only

As per norms, maximum special casual leaves that can be availed in a calendar year are fifteen (15) only.

Foreign remittance **MUST** be made through MAHE finance only, as per the circular dated 03/03/2021

No Permanent Establishment (No PE) form **MUST** be submitted to MAHE finance

Special casual leaves (SCL) are applicable on conference/workshop and travel days

Candidate required to enclose following

 DAC approval for the abstract (MANDATORY) (Annexure 48 a)

Acceptance letter from Conference / Workshop organizer (MANDATORY)

Other funding support (if any) / Grant details with PI’s name

Invitation letter if any

**For Centre for Doctoral Studies (CDS) Office Use Only**

**Eligible for the following Not Eligible**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Headings** | **MAHE Norms** | **Contingency Grant** **(from national scholarship scheme)** | **Research Grant Norms\*** | **Others** |
| Registration Fee |  |  |  |  |
| Travel (TA) |  |  |  |  |
| Accommodation |  |  |  |  |
| DA |  |  |  |  |
| Special Casual Leave  |  |  |  |  |
| Leaves |  |  |  |  |

**Signature & Date Signature & Date**

**Deputy Director, CDS, MAHE Manipal \*Grant office, MAHE**

 **\*To be certified by the Grant office, MAHE**

**For Registrar’s Office Use Only**

**Approved Not Approved**

**Signature & Date**

 **Registrar MAHE Manipal**

**For Centre for Doctoral Studies (CDS) Office Use Only**

**To:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **CC:** Director Finance, MAHE Manipal

**DAC approval for the abstract** (Annexure 48 a)

We have reviewed the abstract entitled …………………………………. and approved for presentation at **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Designation** | **Name** | **Signature and date** |
| Research Guide |  |  |
| Research Co-Guide 1 |  |  |
| Research Co-Guide 2 |  |  |
| Research Co-Guide 3 |  |  |
| Subject expert 1 |  |  |
| Subject expert 2  |  |  |
| Subject expert 3 |  |  |