पी.ए.बी.एक्स./PABX : 26588980, 26588707, 26589336, 26589745, 26589873, 26589414
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तार / GRAM : विज्ञानी / SCIENTIFIC
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भारतीय आयुर्विज्ञान अनुसंधान परिषद
INDIAN COUNCIL OF MEDICAL RESEARCH

स्वास्थ्य अनुसंधान विभाग (स्वास्थ्य एवं परिवार कल्याण मंत्रालय)
वी. रामलिंगस्वामी भवन, अन्सारी नगर, नई दिल्ली - 110 029

DEPARTMENT OF HEALTH RESEARCH (MINISTRY OF HEALTH & FAMILY WELFARE)
V. RAMALINGASWAMI BHAWAN, ANSARI NAGAR, NEW DELHI - 110 029

Top Priority

No.ICMR/FV/Misc./2019-Pers. **Dated, the 18th January, 2019.**

To

The Director/Director-in-Charge of the Permanent Institutes/Centres of ICMR -

Sub: FOREIGN VISIT CASES FOR FINANCIAL ASSISTANCE -

Sir/Madam,

I am directed to inform that the Director General, ICMR has constituted a Financial Assistance Committee, who consider the requests/proposals of ICMR Scientists/Technologists for financial support to facilitate their participation in the International Conference/Workshops/Meetings etc. abroad.

I am to state that proposal of foreign visit cases in respect of ICMR Scientists/Technologists, who required financial assistance from ICMR to attend International Conference/Workshops/Meeting etc. abroad from April, 2019 to June, 2019(1st quarter of financial year 2019-2020) may be requested to fill up their request in the prescribed Check-list Form & Application for grant for TA Form (copy enclosed) along with necessary documents like copy of invitation letter/acceptance of paper, copy of the abstract and brief CV duly signed by the individual and sent to this office with recommendation of Director/Director-in-Charge to examine the case latest by 11th February, 2019.

This may kindly be treated as on Top Priority.

Yours faithfully,

Encl : Check-list & Application for TA Form.

Mehndiratta
18/1/2019

(Renu Mehndiratta)
Administrative Officer (Pers.)
for Director General
(Tele No.011-26589332)

PS: It is requested that all proposal of foreign visit cases in r/o Scientist-B to Director only working in various permanent Institutes/Centre of ICMR be uploaded in our email ID icmrpers@gmail.com immediately.

Copy to :
1. **Admn.-I Section, ICMR for information and necessary action.**
2. **All Divisional Head(s) for information and necessary action.**
3. **ADG(AX).**
4. **ISRM - to place on ICMR website.**
5. **Guard file.**

CHECK-LIST FOR NOMINATIONS OF ICMR SCIENTIST VISITING ABROAD TO PARTICIPATE IN THE WORKSHOP/CONFERENCES/ SYMPOSIUM/ SEMINARS ETC. -

1.	a) Name, designation and full address of the official visiting abroad (email id with contact number) b) Scale of Pay c) Date of Superannuation	
2.	Purpose of visit (Detailed reason, copies of the Agenda etc. to be enclosed)	
3.	Title of Conference/ Symposia/ Workshop/ Meetings/ Seminars etc. and its relation to functions of the Institute/Centre	
4.	The role of the scientist (as Chairman, rapporteur, invited key note speaker, author of contributory papers or oral presentation	
5.	The importance of his/her contribution to the subject of the Conference/Symposia/ Workshop/ meetings/Seminars, if attended in the past etc.	
6.	Whether the paper has been accepted for oral presentation. If so, a copy of abstract may be attached.	
7.	Country/Countries to be visited (City and address of all places to be shown)	
8.	a) Period/duration of the Visits (per country) b) Including/excluding journey time to & fro	Country / From dd-mm-yy / To dd-mm-yy / Days
9.	(A) Estimated expenditure on the proposed visit - (i) Total estimated expenditure in Indian Currency (ii) Total Foreign Exchange component (iii) Total (i)+(ii) : Rs. (B) Source of funding for the visit	

Contd.....2/-

10.	Details of visits abroad during the last three years with full particulars of the organization agency including whether the organization is part of the Govt. or it is a private. - Source of Funds/Grants received during the programme. - Whether Tour Report submitted/not submitted.	
11.	Likely benefits to India on the proposed visit	

Date:

Signature of applicant

13. Director/Officer-in-Charge may also indicate the following informations :-

a)	Do you agree with the statements of the officer made against cols (4),(5),(6),(10) & (11)	
b)	Whether the visit is likely to cause dislocation of work in the Institute/Centre	
c)	Whether the visit has direct relevance to the area of interest/work of the Scientist concerned	
d)	Whether the Institute or the Organization which is conducting the Workshop, meeting etc. is of International repute and there will be value added in attending such meetings	
(e)	Name of an alternate Scientist may also be indicated wherever possible in case the concerned Scientist is not in a position to go abroad due to official exigencies	
(f)	Whether any vigilance case is pending or contemplated against the official visiting abroad	
(g)	Whether the visit involves any Security/ Sensitivity aspect	
(h)	(i) Why the number of delegates can not be reduced ? (ii) Why the proposed foreign visit can not be avoided ?	
(i)	Were deputations/delegations sent in the past for similar purpose? If so, the names of the officers deputed together with period of deputation and a copy of the report submitted on return to be enclosed.	

Contd.....3/-

(j)	Has an increase been proposed in the number of delegates over what was at the last occasion? If so, why?	
(k)	Why can not the purpose be served by utilizing the services of (i) our Mission abroad or (ii) of another officer already abroad in the same or neighboring country in an office of/under the Ministry/Department or (iii) any other officer being sent abroad?	
(l)	Whether approval of the nodal Ministry has been obtained in case the subject matter is the concern of some other Ministry also	
(m)	Whether any other officer is being sent for the same purpose (Details may please be given separately)	
(n)	In case the proposal is being sent in less than the prescribed time/date before the date of departure, justification duly approved by the Director may be annexed.	
(o)	How many days he/she has already availed DUTY LEAVE to attend International/ Domestic Meetings/Conferences/ Seminars etc. in this Financial Year.	
(p)	Recommendations of Director/Officer-in-Charge	

Date :

Director/Director-in-Charge

14. POSITION TO BE FILLED BY Sr.AO (concerned Division) AT HEADQUARTER, ICMR -

i.	Actual expenditure incurred on foreign visits during the last financial year	
ii.	Budget provision for foreign visits for the current year (i.e._____)	
iii.	Revised Budget allocations for foreign visits for the current financial year (i.e._____) (limited to 75% of the actual expenditure in the last financial year i.e._____ or the current year's budget provision, whichever is less).	
iv.	Actual expenditure incurred so far (courses/visits to be stated) (Details to be given in respect of all foreign visits in a statement to be enclosed)	
v.	Commitment already made for the current financial year (visits/courses supported excluding the proposed visit and including hotel charges/bills not received etc).	
vi.	Balance for the current financial year	

Date :

Sr.AO(_____)

INDIAN COUNCIL OF MEDICAL RESEARCH
ANSARI NAGAR, NEW DELHI

(APPLICATION FOR GRANT FOR TRAVELING ABROAD FOR ICMR RESEARCH CADRE SCIENTISTS)

1	Name of Applicant	
2	Designation and full address (email id with contact number)	
3	Date of birth and Age	
4	Name of the Conference/ Seminar/ Symposia/ Workshop/ Meeting	
5	Dates	
6	Venue	
7	Field of Specialization	
8	Research Interest	
9	Bio-data	
10	List of publications	
11	Membership of National/ International Bodies	
12	Name of the Sponsors of the International Conference/Workshop/ Seminar	
13	Proposed date of departure from India	
14	Passport No. and its Validity	
15	Proposed date of return	

Contd....2/-

16	<u>Level of participation :</u> a) Presenting a paper/poster presentation/chairing a session etc. Title : Accepted or not : b) Other relevant details :	
17	Visiting any other country en-route	
18	Foreign visits supported by ICMR in the past 3 Years	
19	Financial assistance offered by sponsors/any other agency	
20	<u>Actual financial grant requested with details :</u> Air-fare : Rs. Registration fee : Rs. No. of days & Actual Amount for which per diem is required : Rs. Any other expenditure If any : Rs.	<u>Total Amount Rs.</u>
21	A note justifying the usefulness of visit to the Council	

Date:

<u>Signature of applicant</u>

Recommended by

_____

(Director/Director-in-Charge)