

REQUEST FOR APPROVAL FOR NO OBJECTION CERTIFICATE/ FINANCIAL ASSISTANCE
TO ATTEND CONFERENCE FOR UNDERGRADUATE PROGRAMS

1	Name of the Student: S. R. No: Batch:	Mr./Ms.
2	Program: Discipline/Major:	<input type="checkbox"/> B.Sc (Research) <input type="checkbox"/> Master of Science <input type="checkbox"/> B.Tech <input type="checkbox"/> M.Tech
3	Semester: Total credits completed: CGPA:	<input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th
4	Name of the Conference: Period of the Conference (DD/MM/YYYY): Place of the Conference:	From: ___/___/____ To: ___/___/____
5	<u>Paper Presentation Details</u> Title of Paper: Presentation: <input type="checkbox"/> Poster <input type="checkbox"/> Oral Are you the first author of the paper? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of the Authors (as mentioned in the paper):	
6	Name and Department of the Research Mentor/ Advisor/ Guide(s) from IISc	
7	Approval requested for (Choose the appropriate option or both)	<input type="checkbox"/> No Objection Certificate (NOC): Leave from ___/___/____ to ___/___/____ <input type="checkbox"/> Financial Assistance
8	If you have previously availed financial assistance from any of the following sources, select the appropriate option(s)	<input type="checkbox"/> GARP <input type="checkbox"/> ODAA <input type="checkbox"/> None of the above
9	If financial assistance is requested for this conference, please specify the source (Choose the appropriate option or both)	<input type="checkbox"/> GARP <input type="checkbox"/> ODAA Total estimated amount: Rs.
10	Are you availing financial assistance for this conference from any other source? If yes, please provide source and amount details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	<u>Check list of mandatory documents to be attached to the form as a single PDF file, in the following order:</u> <input type="checkbox"/> Final Conference Program/Brochure. <input type="checkbox"/> The acceptance/Invitation from the conference organisers. <input type="checkbox"/> The full paper with all authors' names and affiliations. <input type="checkbox"/> Recommendation letter from the Research Mentor/ Advisor/ Guide(s). <input type="checkbox"/> Recommendation letter from the discipline coordinator/ PCC Chair.	

Undertaking: I hereby undertake that I shall apply for study/travel leave on SAP and shall commence the journey only upon receipt of formal approval.

Declaration: I hereby declare that all entries in this form, as well as the information provided in the attached documents, are true to the best of my knowledge and belief. I undertake to abide by the rules and regulations set forth by the Institute.

Date:

Signature of the Student

FOR OFFICE USE ONLY

Remarks by UG Office

Name:

Date:

Signature of the caseworker

Remarks by the Associate Dean

Date:

Signature of the Associate Dean

Recommendation of the Dean

NOC :	Approved	Not Approved	Not Applicable
Financial Assistance through			
GARP:	Recommended (up to Rs. 25,000)		Not Recommended Not Applicable
ODAA Grant:	Recommended (up to Rs.)		Not Recommended Not Applicable

Recommended ODAA Fund:

Remarks:

Date:	Signature of the Dean UG

Approval of the Dean (A & F) for Financial Assistance through GARP	
Date:	Signature of the Dean (A & F)

Note: For eligibility requirements, procedures, and regulations, please refer to [Section 7.5](#) of the Student Information Handbook.