

राजस्थान सरकार
चिकित्सा एवं स्वास्थ्य(ग्रुप-2)विभाग

कमाक:पं034(1)चिस्वा/2/14

जयपुर,दिनांक: - 23/9/14

निदेशक(जन स्वा),
चिकित्सा एवं स्वास्थ्य सेवायें,
राज0जयपुर

विषय:-विदेश यात्रा की अनुमति दिये जाने बाबत।

महोदय,

उपयुक्त विषयान्तर्गत निर्देशानुसार लेख है कि चिकित्सकों से विदेश यात्रा पर जाने हेतु आवेदन संलग्न प्रपत्र में प्राप्त कर संबंधित नियंत्रण अधिकारी की सिफारिश सहित इस विभाग को भिजवाये जावें। संलग्न निर्धारित प्रपत्र में सूचना प्राप्त होने के पश्चात ही अनुमति बाबत आगामी कार्यवाही की जा सकेगी।

संलग्न-प्रपत्र

भवदीय,

— ६५ —

(महावीर सिंह)

शासन संयुक्त सचिव

प्रतिलिपि निम्नांकित को सूचनार्थ एवं आवश्यक कार्यवाही हेतु प्रेषित है—

- 1- समस्त संयुक्त निदेशक,चिकित्सा एवं स्वास्थ्य सेवायें,जोन
- 2- समस्त मुख्य चिकित्सा एवं स्वास्थ्य अधिकारी
- 3- समस्त प्रमुख चिकित्सा अधिकारी
- 4- प्रभारी,सर्वर रूम, निदेशालय को प्रेषित कर लेख है कि मय संलग्न प्रपत्र सहित अपलोड कराने की व्यवस्था करावें।

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शासन सहायक सचिव

Application for permission for Personal visit/Attend Workshop/Seminars/Conference Abroad
(Strike off that which is not applicable)

| | | |
|----|---|--|
| 1 | Name. | |
| 2 | Designation and place of posting. | |
| 3 | Details of the event to be attended. | |
| 4 | Capacity in which invited to attend. | |
| 5 | Name of Country. | |
| 6 | Duration of proposed visit. | |
| 7 | How will the event benefit the participant and the hospital in which he/she is serving. | |
| 8 | Details of previous foreign visits/event abroad in which the applicant participated alongwith the duration. | |
| 9 | Enclose Photo copy of pass port/visa of previous foreign visit | |
| 10 | Total expenses on the event attended earlier and sources from which the expenses were met. | |
| 11 | If the organizers are bearing expenses application, details thereof. | |
| 12 | Estimated expenses on proposed visit/attending the proposed event and sources of funding. | |
| 13 | Whether spouse will accompany THE APPLICANT? | |
| 14 | No. of papers published by the applicant in indexed journals. | |

Dated:

Signature.....

Name of the applicant.....

Designation:

Posting:

Post:

Recommendation (Through proper channel)

- A.1- The participation of the applicant in the above event is recommended because it will be beneficial to the hospital & applicant in the following manner:

2. This is in accordance with the terms and condition mentioned in Govt's Policy for fellowship and training abroad and inside the country.
3. Participation not recommended on the following grounds:
 i)
 ii)
 iii)
- B-. The participant will submit a detailed visit report day to day basis before the authority recommending the visit along-with details as to how the visit can be used for enriching the practice recent during the visit.
- C- Head of Hospital (PMO/CM&HO) will certify that alternative arrangement have been made for period of leave.

(a) RECOMMENDATION OF THE CONTROLLING OFFICER

(b) RECOMMENDATION OF DIRECTOR (PH)

EXAMINATION REPORT OF CAO (FINANCE)

(a) Whether any liability on State Government.

(b) Whether self funded.

(c) Whether sponsored by a sponsoring agency.

Signature by

Forwarding letter of Director (Ph)

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सर्वर की