

ABV-Indian Institute of Information Technology and Management Gwalior

PERMISSION FOR ACADEMIC ACTIVITY WITH OTHER INSTITUTE

Name of Employee	:	Part A
Designation	:	
Contact Number	:	
Name of Invitee Institute	:	Part B
Address	:	
Type of Activities	:	Expert / Guest Lecture / Thesis Evaluation / Examiner / Any Other (Specify)
Copy of Invitation Letter	:	Attached/ Not attached.
Part C		
Date & Place of Activity	:	
Duration of Activity	:	
Nature of Leave During Activity:		CL/EL/Duty Leave /other (Specify)(Copy attached/Not attached)
Responsibilities	:	Lecture/Labs Minor/Major Exam BTP/MTP/MBA Evaluation.
Income / Honorarium from	the ab	ove (if applicable):
Any Other :		
<u>Declaration</u>		
I declare that the above in of invitation letter and leav		on is correct and complete to the best of my knowledge. Copy cation are attached.
Date:		Signature
		Name: ONLY FOR OFFICIAL USE
Comments from the competent authority:		

Approved/Not Approved