

Project Monitoring and Evaluation Cell ICAR–National Institute of Veterinary Epidemiology and Disease Informatics



Performa to be submitted for Approval of Abstract and for Participation in Conference/ Seminar/ Workshop/ etc.

Proforma I-R1

Name and Designation of Officer	
Division/Section /Group	
Name of scientific forum organizing the	
conference/seminar/etc.,	
Are you a member of above organization? If yes, mention	
the portfolio held	
Duration of conference/seminar etc. with dates (Attach	
Brochure)	
Last Date of Abstract Submission	
Name of the Project under which this research work was	
conducted	
The research work done by you or by your student and is	
a part of the thesis work	
Title of the Paper/ Abstract	
Sequence of Authors	
Whether the abstract/ lead /full paper with signatures of	
all the authors is attached	
Name of Presenting Author	
Nature of Presentation	
(Invited/ Lead/ Keynote/ full/ abstract oral/ poster/	
participation only)	
Registration fee, if any, to be paid	
Number of conferences applied during the current	
financial year	
Number of conference/ seminar etc., attended during the	
current financial year	
The Expenditure of TA/DA and registration will be borne	
from which project?	



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UNDERTAKING

- 1. The information given above by me is correct to the best of my knowledge and belief and the responsibility in this regard lies with the undersigned only.
- 2. The content in the abstract/ full paper has not been reported previously.
- 3. Regarding the research abstract/ Full paper, it is to declare that I/ we fully agree to the sequence of authors shown and the content of the abstract /article.
- 4. No addition or deletion in the authorship or alteration in the sequence of the authorship will be made, without prior approval.
- 5. The work being reported in the abstract/ full paper was carried out at ICAR-NIVEDI and/or in collaboration with the collaborating institute, if any.

Signature of Presenting / Corresponding author with name and designation	
Signature of all co-authors	
Date	

TO BE FILLED UP BY THE GROUP LEADER / IN-CHARGE DIVISION

Specific recommendations of the Head/ Group Incharge	
Signature of Group In-charge	
Date	