 **Technical Education Quality Improvement Program – III**

**Proposal for Attending Conference / Workshop/ Short term course/ Seminar/ Training Courses (for Internal Faulty)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of the Faculty/ Staff | : |  |  |
|  | Designation(Please specify whether the Applicant is Faculty or Staff) | : |  |  |
|  | Department | : |  |  |
|  | E-mail ID | : | Mobile No. | : |
|  | Highest Qualification Acquired (Mention Specialization) | : |  |  |
|  | Title of the Conference/ Training Course/ Workshop/Others | : |  |  |
|  | Place of the Conference/ Training Course/Place of Visit with full Address | : |  |  |
|  | Organizer of the Conference/ Training Course/Others |  |  |  |
|  | Scheduled dates(from and to) | : |  |  |
|  | Duration of training  | : |  |  |
|  | Date of Departure | : |  |  |
|  | Date of Arrival at Institute | : |  |  |
|  | How this is relevant to the project objective? |
|  | Total Cost involved in Rs. | : |  |  |
|  | Whether any advance will be required: YES/NO If Yes, Rs: | : |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Whether entitled to travel by air YES/NO | : | if NO, special permission should be sought from the concerned authority |
|  | Nature of Training (Please tick any one) | :  | ConferenceSeminar WorkshopTraining Course |  |
|  | Signature of Faculty/ Staff with date | Forwarded and recommended | Forwarded and Recommendation |
|  |  | Signature with date & seal of theDepartmental Head | Signature (with seal) of the Nodal OfficerFaculty & Staff Development) / NodalOfficer(Academic Activities), TEQIP - III |
|  | Signature (with seal) of theNodal Officer (Finance), TEQIP – III] | RecommendedSignature (with seal) of the Coordinator (TEQIP – III) | Approved / Not ApprovedSignature (with seal) of thePRINCIPAL |
|  | 1. Category of Expenditure (Please Tick any one)

*To be filled by Nodal Officer (Academic Activities)- TEQIP-III* | * Enhancement of R & D and institutional consultancy activities
* Faculty and Staff Development for improved competence based on TNA
* Enhanced interaction with industry
* Institutional Management Capacity Enhancement
* Implementation of Institutional Reforms
* Academic Support for Weak Students
 |

The visit of (Name of the faculty / staff) …………………………………………. to (place of visit ) …………………………………will benefit the department with specific area in the following way……………………………………………………………………………………………………………………………………

The necessary alternative arrangement for classes /other duties of the faculty / staff have been made by the faculty/ staff. Does the duration of leave overlap with examination period? If yes, give special reasons for allowing faculty/ staff to attend the event.

Signature (with seal) of the Head of the Department

1. Details of the budget with breakup

|  |  |  |
| --- | --- | --- |
| **Sl.No** | **Particulars** | **Amount (Rs.)** |
|  | Registration / Course fee (in Rs.) |  |
|  | Conveyance (in Rs.)a)Air fare(to & fro)Onward Journey: (Date: Time: )From:….To……Return Journey: (Date: Time: )From:… To……b) Taxi/Auto fare(to & fro)Onward Journey: (Date: Time: )From:… To…Return Journey:(Date: Time: )From:……To……… |  |
|  | DA for …………….days ( Rs……….. per day) |  |
|  | Allowable/Actual Accommodation charges for …….number of days |  |
|  | Total |  |

**Advance**

In view of the approval given by the competent authority, sanction amounting to Rs.\_\_\_\_\_\_\_\_\_\_ as an advance may please be accorded.

Signature of the faculty/staff with date and designation

Check List (please √)

a) Leave approved by authority

b) Nine days restriction during semester

c) Copy of paper to be presented/ proper justification

d) Whether attended conference/ workshop etc under TEQIP/

institute grant in academic year (give details).

Coordinator (TEQIP – III) TEQIP Nodal Officer (Finance) Principal

Please release the payment

Received Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as advance, vide Cheque No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. The advancewill be adjusted within 15 working days from the return to the Institute.

**Note:**A *brief report indicating the outcome of the training courses, conferences etc. should be submitted, through HOD, in duplicate [one forNodal Officer (TEQIP –III), Academic Activities (TEQIP – III) and another for Co-ordinator , TEQIP –III ) at the time of submission of final bills.*



**Technical Education Quality Improvement Program – III**

Details for Attending Conference / Workshop/Short term course/Seminar/Training Courses

|  |  |
| --- | --- |
|  Name of the Faculty: | Department: |
|  Father/Husband Name: |  Date of Birth (DD/MM/YYYY): |
|  Aadhaar Number: |  PAN Number: |
|  Address1: |  City: |
|  District: |  State: |
|  Pin Code: |  Country: |
|  Mobile No: |  Email: |
| Caste: |  Bank Name /Branch Name: |
| Account No: | IFSC Code: |
| Name of the Conference / Training Course/Others # |  |
| Place (s) of the Conference / Training Course / Place of visit |  |
| Duration with dates |  |
| Cost involved |  |
| Signature of the Faculty Head of the Department  |
| Date:  |  Department Seal  |

Approved/Not approved

The expenditure will be booked under key activity…………………….

(For issuance of sanction order)

|  |  |  |  |
| --- | --- | --- | --- |
| Nodal Officer AcademicsTEQIP-III | Nodal Officer Finance TEQIP-III | Coordinator TEQIP-III | Principal |
|  |  |  |  |