**PROPOSAL FOR ATTENDING NATIONAL CONFERENCE/TRAINING COURSES WITHIN INDIA UNDER FACULTY & STAFF DEVELOPMENT PLAN -TEQIP III**

INSTITUTE:

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| Name of the Faculty | Designation | Name of the Conference/Training Course/Others |
| Department | ScaleBasic Pay |

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| Address of the Programand Duration with Dates |

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| Organizer of the Conference/Training Course |

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| For Conference write the Title Paper/for Training Course (or other visit) write purpose with special reference to PG courses and Research |

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| Date & Time of Departure from and Arrival to the University |

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| Total Cost involved Rs ………........... (Rupees . ……………………………………………... only) .Please give the details [Registration Fee, Air Fare, other Travel Cost within India/abroad, per day cost, others, if any (special)) of the Total Cost in the back |

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| --- | --- |
| Signature of the Faculty with Date | Forwarded and Recommended with a note given in the backSignature (with seal) of the Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| Forwarded and Recommendation | Recommended | Budgetary Provision is checked | Approved |
| Signature (with seal) of Nodal Officer, Academic | Signature (with seal) of TEQIP Coordinator | Signature (with seal) of Nodal Officer, Finance | Signature (with seal) of the Vice Chancellor  |

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| Category pf Expenditure (Put tick in one Box)To be filled Nodal Officer, Academic |
| Enhancement of R&D and institutional Consultancy Activities [ ]Faculty and Staff Development for improved competence [ ]Enhanced interaction with Industry [ ]Institutional Management Capacity Enhancement [ ]Implementation of Institutional Reforms [ ]Academic support for weak students [ ] |

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| The visit of (name of the Faculty) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to (name of places/courses) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will benefit the Department in the following way :The necessary alternative arrangement far classes /Other duties of the faculty will be made duringHis/her absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dept. \_\_\_\_\_\_\_\_\_\_\_[Signature (with seal) of the Head] |

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| **S1. No.** | **Particulars** | **Amount (Rs.)** | **Remarks** |
| **01** |  |  |  |
| **02** |  |  |  |
| **03** |  |  |  |
| **04** |  |  |  |
| **05** |  |  |  |
|  | **Total Rs.** |  |  |

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| 01 | Name of the Faculty member undertaking the tour with Designation and Contact Number (A brief Bio-Data to be enclosed)  |  |
| 02 | Purpose of the Visit |  |
| 03 | Conference/Training Details (venue, organizer etc. + whether appropriate letter has been attached)  |  |
| 04 | Duration of visit (whether Daily Scheduleenclosed)  |  |
| 05 | Date last TEQIP-III fund availed for academic visit  |  |
| 06 | Relevance of the visit |  |
| 07 | Amount of expenditure involved in the present proposal (whether break-up attached)  |  |
| 08 | Whether an undertaking is agreed upon on submission of report in 3 weeks after return on utility of the visit regarding teaching, learning and research in the institute  |  |

List of Enclosed Documents:

1. A Brief Bio-data ( )
2. List of SCI/SCI(E) and/or Scopus Indexed Journal Publications and others for the last 5 years ( )
3. Appropriate Letter from the Organizers ( )

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| Signature of the Faculty with Date & Designation |

 Signature of TEQIP Coordinator Signature of Head of Institute