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| 1. Name of the Faculty / STAFF: | 3. Designation : | 5. Nature of Event : |
| 2. Department : | 4. Scale:  Grade Pay | 6. Name of the Event |

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| --- |
| 7. Place (S) of the event (Visit) Conference / Training Course / Workshop Seminar / Symposium / Others (Complete Address): |
| 8. Duration required for the event with date (S) :  From\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_No. Of days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 9. Organizer of the event: |
| 10. For conference / Training Course / Workshop / Seminar / Symposium / Others write purpose with special reference to UG & PG Courses and research activities carried out at NITJ (if necessary attach separate sheet): |
| 11. Relevance of the visit / training to the project objectives: |
| 12. Clear objective and outcome of the visit: |
| 13. Attach (i) brief CV / biography |
| 14. Attach certificate from HoD regarding relevance of the event for the applicant and by stating that the event will benefit the department for the applicant |
| 15. Date and time of departure from the Institute: |
| 16. Date and time of arrival from the Institute: |
| 17. Whether going to present research paper : Yes/No |
| 18. Title of Paper |
| 19. Attach the accepted paper, acceptance letter, NOC from co-authors: |
| 20. Attach arrangement of the institute assignments during the duration required for the event: |
| 21. Total cost involved Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Rupees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Only)  Please give cost details (Attach separate sheet , if necessary)  Registration Fee : Rs.  Travelling Allowance : Rs.  Stay Expenses : Rs.  Food Expenses : Rs.  Other Expenses : Rs.  (Please specify) |

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| --- | --- | --- |
| 23. Details of the events already attended during the current calendar year / till date | | |
| Title of event | No. Of teaching days included | Paper Presented |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |

|  |  |
| --- | --- |
| 24. Signature of the Faculty / Staff with date | 25. Recommended/ Not recommended by HoD  Signature (with seal) of the HoD: |

**For office use only**

|  |  |
| --- | --- |
| Clerk TEQIP (For checking the details in order/ not in order and whether all the necessary documents are attached) | Nodal Officer (Acad.) |
| Nodal Officer (Finance)(for budgetary provisions) | TEQIP Coordinator |
| May approve please and may give permission for issuing of office order please:  **Director** | |

CERTIFICATE FROM HOD REGARDING RELEVANCE OF THE EVENT

Annexure to the Performa for Sponsoring Faculty for Academic Programmes Like Short Term Courses / Training / Seminar / Workshop / Refresher Courses / Visit to Industry Etc.

**Certified from Head of the Department**

|  |  |
| --- | --- |
| Name of the Faculty / Staff Member |  |
| Designation |  |
| Department |  |
| Organizational where the faculty member is to be sponsored |  |
| Data of commencement of the programme and its duration |  |

It is certified that

1. Short Term Course / Training / Seminar / Workshop / Refresher Courses / Visit to industry etc pertains to the functional area of relevance to the aforesaid faculty / staff member.
2. The subject’s contents of the Course / Training / Seminar / Workshop are of the level that will enhance the teaching and research skill of the faculty / staff member and will add to his knowledge.
3. The course shall benefit the overall development of the applicant.

***(Signatures of the Head of Department)***

*This is to certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name & Designation)shall deliver a talk after attending the program / stc / workshop / training / conference / other on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date and Time) before submitting the bills.*

***(Signature of the applicant)***

***Arrangement of Classes /duties***

|  |  |  |  |
| --- | --- | --- | --- |
| ***S.No*** | ***Classes to be engaged*** | ***Date and Time \**** | ***Name and Signature of faculty to whom the load has been assigned*** |
|  |  |  |  |
| ***\* kindly attach the copy of the leave for the purpose during the said slot*** | | | |

***Arrangement of Institute Assignments***

***Mr / Mrs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall look after the following work(s) / charge during the period from \_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_.***

***1.***

***2.***

***Name & Signature of the applicant***

***Name & Signature of the member to whom the work(s) has / have been***

***Assigned***

**Coordinator TEQIP-III**