

APPLICATION FOR APPROVAL/REIMBURSEMENT UNDER CPDA

(FOR ATTENDING EVENT/CONFERENCE (NATIONAL/INTERNATIONAL)/SEMINAR/WORKSHOP/TRAINING PROGRAMME/MEMBERSHIP OF PROFESSIONAL BODIES/PURCHASE OF BOOKS/CONTINGENT EXPENDITURE)

To: The Dean, Faculty Affairs

	Part - A : General Information							
1.	Personal File No.: (For office use only)			3.	Designation	:		
2.	Name :			4.	Department Sex: (M/F):	:	Phone No.:	
	(a) Block year of CPDA:			(b) CP	DA grant allocate	ed for the	e current year:	
C	(d) Total CPDA grant available (b+c):			(c) CP	DA carried o	ver fro	m last year:	
ο.	6. (e) Amount already claimed/approved/obtained from the CPDA in the current financial year:			(f) Net				
7.	Amount requested in this application	on (Estir	mated):					
		Ра	rt - B : General	Inforr	nation			
	Category]	Detail(s)			Amount (Rs.)
8.	Membership of Professional bo (Within the limit of Rs.15000/-p.a. Membershi professional bodies per year can be avail	p for two						
9.	Purchase of Books: (Bills pertaining to purchase of books should be due certification by faculty while sending reimbursement Amount is restricted to Rs.10 (For purchase of books of more than the limit approval of Director is required.)	g for 0000/-).						
10.	Contingent Expenditure (Limite Rs.80000/-p.a): (a) Equipment related to professional activiti as PC, Laptop, Tab, Printer, Scanner, Charges and Computer Peripherals etc. Hower any other items, explicit permission may be so (b) Internet usage charges, procurement of broad connection including USB Wireless USB, Broadb charges - (In each financial year upto Rs.15000/-)	es such Internet ver, for ught. band and						

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Continuation of Page - 1

	Part - C : General Information								
	(a) Name of event/conference/seminar/workshop/training programme/Host Institute/Collaborator:								
$\downarrow 1$									
12	. Venue:								
					Nature of Event (National/				
13	From:		To:		14. International:				
15.	Details of Or	ganizer:							
			(a) Chairing the	esession	(b) Invited talk/delivering plenary lectur	e/keynote speech			
16. Pupose of Visit:		(c) Oral presentation		(d) Poster presentation					
			(e) Laboratory Visit:						
				(f) Visit for Collaborative Research:					
	(g) Any other:								

17	Have you attended any conference/event in the past and							
1/.	current semester funded by $($ If yes, provide details $) \rightarrow$	IIESTS?(Yes/N	0)					
	Details of paper:							
	(a) Number of papers to be							
	(b) Title of paper to be pre- copy of paper)	sented (attach						
18.	(c) Nature of the paper (Single/co-authored):							
	(d) Co-authors name, address, designation and highest qualification:						ſ	
	(e) NOC from co-author obtained (Yes/No):							
19.	D. Travel Plan (from the place of work to the conference and back)							
	DATE	TIME	FROM (Place	e)		TO (Place)		MODE
	DATE	TIME	FROM (Place	2)		TO (Place)		MODE
	DATE		FROM (Place	2)		TO (Place)		MODE
	DATE		FROM (Place	2)		TO (Place)		MODE
	DATE		FROM (Place	2)		TO (Place)		MODE
	DATE			2)		TO (Place)		MODE
	DATE			2)		TO (Place)		MODE
20.	DATE Amount of Advance requ				Rupees	TO (Place)	amoun	MODE t In Words

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Continuation of Page - 2

22.	Details of e	expected expenditure :	
	Sl. No.	HEAD	AMOUNT
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Note:- Approval/Permission for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per institute rules/norms

23	Alternate arrangements made for academic/administrative work during the absence from IIESTS :		
24	Nature and days of leave requested for stay (CL/Special Lea		

CERTIFICATE

I certify that:-

(a) The details given in this application are correct.

(b) I am a regular faculty of this Institute.

(c) If the information supplied is found to be incorrect; I will refund the entire money to the Institute.

(d) The money received will be used for the purpose for which it is sanctioned.

(e) I will present the paper and share conference experience with the Institute after attending the event.

Recommended/Not Recommended

Signature of the Applicant

(Signature of the Head of the Department)

(Signature of the Concerned Dean with comments)

Approved / Not Approved

Signature of the Director

NOTE: -

1) The candidate has to report to Head of the Department about the outcome of the visit .

2) Leave details and work load adjustment should be verified by Head of the Department before

recommendation. Enclosures:

(i) Announcement of the event.

 $(ii) \quad Invitation \ letter \ from \ the \ event \ organizer/Host \ Institute/Collaborator$

(iii) Copy of accepted paper.

(iv) NOC from co-author (if any)