

- Any other document -

NATIONAL INSTITUTE OF TECHNOLOGY ROURKELA

	ES /	

APPLICATION FOR PROFESSIONAL / FACULTY DEVELOPMENT PROG.

No. – NITR/					Date –	Date – / /20		
Name – Dr./Mr./Ms.					Emp. Cod	de-		
Department Code – Designation –					AGP/GP	- ₹		
	Conferenc	ee / Symposium/Work-shop	FOREIG	Short-te N Country -	rm Course / Train	ing Program		
1.	Name of the	Programme -						
2.	Name of Org	anizing Body -						
3.	Venue (City &	& Country) -						
4.	In what capa	city will you be attending?-						
5.	If presenting	a Paper, nature of presentation	on -	ORAL /	POSTER /			
	Title of the Paper -							
	Name of Co-	authors, if any -						
6.		tend to visit any other Organization en-route / same venue as above - YES / I lote – Additional fund to be met from FDF / Sponsored Project / External Agency only)						
	Details, If YE	S -						
7.	Duration of th	ne main Program -	From -		To -			
8.	Duration of vi	siting other organization -	From -		To -			
9.		/e, if any (prefix/suffix) - on only, appropriate Leave Ap	From -	rom - To - tion to be submitted separately)				
10.	Period of abs	ence including journey -	From -		To -			
11.	Travel for Visa Required - NO / YES (If Yes, Place* -) (Note – Maximum 2 days for Kolkata and 3 days for other places is permissible including journey time)							
12.	Programs attended in India during the current finance			al year:	_	1		
	Month/Year	Name of the Programn	Venue	Expen Sources	Total Amount			
13.	Overseas pro	ograms attended during past 3	3 financial y	rears including	the current finance	cial year:		
	[Mandatorily required to be filled for overseas program requests] Name of the Branconness Vanua Expenditure							
	Month/Year	Name of the Programn	ne	Venue	Sources	Total Amount		
14.		ocuments enclosed (please ti		•				
	- Program Brochure - Letter of acceptance & Abstract of paper							
	- List of	 List of publications and sponsored R & D projects handled during past 3 years 						

15.	Estimated Expenditure in INR (₹): (plea						
<u> </u>	Particulars of Expenditure	Visa Related	Main Program	Other Visit*			
	rocessing Fee / Registration Fee	N/A					
	-way return fare (India plus international)		N/A				
D	aily Allowance and/or Per Diem (abroad)						
Α	ny other expenses -						
T	OTAL Estimated Expenditure in INR (₹						
•	lo support from Institute / PDA for making the o	•	FDF / Sponsored Proje	ct / External Agency)			
16.	16. Source(s) of Funds (please tick as applicable):						
	PDA (Institute) FDF (S	RICCE) S	ponsored Project ()			
	Institute Fund Any Oth	ner -					
17.	Advance requested: -	NO / YES (If	Yes, amount - ₹)			
18.	 Justification (if any) for - (A) registration fee in excess of Rs. 5000/- in India and Rs. 40000/- overseas, (B) over stay (beyond program period + one day on both sides), (C) excess fare over the minimum, (D) for missing classes, or (E) any other matter – 						
19. Declaration - I will adjust the advance drawn, if any, within 15 days from the date of completion of the Program. I will present a seminar in the Department and also put my publication/paper on the Institute's Open Access Archive before submitting the TA bill.							
20.	Recommendation of HOD/HOC			e of the Employee			
	(a) Importance to Department:						
	(c) No. of class-days to be lost and mode of compensation:						
	(d) Recommended / Not Recommended	•					
	(a) Necesimienaea / Nec Necesimien	200 (With 1000011)					
To ·	– Establishment Office			HOD / HOC			
	FOR	OFFICIAL USE ONLY	,				
	Conference / Workshop Short-te	rm Course / Training	India	Abroad			
901			Project Cha	<u> </u>			
Information provided under items 12 – 17 verified. Corrections/Suggestions entered against respective							
entries. <u>Advance</u> recommended – ₹ and submitted for kind perusal.							
·····	Verified by Office Supering	ntendent	Asst.	Registrar (Estt.)			
	Recommended to Director.	Training overs	eas; recommended to	Chairman, BoG.			
	Approved as above.	Approved as re	ecommended.				
	 Dean (FW)			DIRECTOR			