

Application for attending Training Program/STC/FDP/STTP/Conference/Workshop

1	Name of the Department :				
2	Name of the Faculty :				
3	Designation :				
4	Date of Joining :				
5	Nature of Employment : Regular/Contractual/Other:				
6	Highest Qualification:				
6.1 Qualification Details in below format					
S.No.	Degree	Title of Degree(BE/ B.Arch./ M.E./ M.Tech./ M.Arch./ Other	Year of award/ Status	Specialization/Area	Title of UG Project/PG Dissertation/Ph.D. Thesis
a)	Under Graduate				
b)	Post Graduate				
c)	Ph.D.	(Not Applicable)			
d)	Other (if any)				
7	Broad Area of Research/ expertise, if any:				
7.1 Details of Research/Expertise in below format					
S. No.	Area of Research/Expertise	Experience (No. of Years)	Any recognition/Award in the area of Research/Expertise	No. of Publication in reputed SCI/Scopus Index Journals	Remark if any
a)					
b)					
c)					
8	Present responsibilities in Institute				
8.1 Present responsibilities Details in below format					
S. No.	Nature of responsibilities (Teaching/Research/Administrative/ Other)	Role/Designation as per Institute	From (Date)	To (Date)	
a)					
b)					
c)					

Application for attending Training Program/STC/FDP/STTP/Conference/Workshop

9	Career development objectives					
9.1	Detail of career development objectives in below format					
S. No.	Nature of Responsibilities (Teaching/Research/Administrative/ Other)			Details of objectives and action plan		
a)						
b)						
c)						
10	Number of previous trainings, if undergone outside the Institute during last two years (if any)					
10.1	Details of Previous trainings if applicable in below format					
S. No.	Nature of Training (STC/ FDP/STTP/ Workshop/ Conference/ Other Please specify)	Area of training/ Conference	Level (National/ International/ Other)	Duration (No. of Days) & From-to dates	Organization Details where training attended	
a)						
b)						
c)						
11	Number of Intended training to be attended					
11.1	Details of Intended training/development to be attended in below format					
S. No.	Nature of Training (STC/FDP/S TTP/Worksh op/ Other (Please specify)	Title of Training	Area of Training	Duration (No. of Days) & From-to dates	Organization where training will be conducted	Sponsor of Training
a)						
b)						
c)						
12	Number of Intended Conferences to be attended					
12.1	Details of Intended Conferences to be attended in below format					
S. No.	Title of the conference	Level(National /International)	Area of Conference	Duration (No. of Days) & From-to dates	Organization where Conference will be conducted	Sponsor of Conference
a)						
b)						

Application for attending Training Program/STC/FDP/STTP/Conference/Workshop

13	Usefulness of Proposed Training/Conference		
13.1 Details of Usefulness of Proposed Training/Conference (How participation will be helpful in term of career plan/objectives of Department/Institute) in below format			
S. No.	Title as per table 11.1	Area of Usefulness [Teaching/Research/Administration/Other (Please specify)]	Specify how training will be beneficial in term of Students/self development/Department Development/Institution Growth
a)			
b)			
c)			

.....

Undertaking by the faculty

I (Dr./Prof./Shri.....), hereby undertake that the application for attending Training Program/conference submitted by undersigned is as per research/teaching/development area/priorities of undersigned, Department & Institute. I also declare that, after attending the proposed training/Conference, I will present the outcomes/findings in the department via a PPT presentation in front of faculty members of the department and subsequently I will submit the certificate of participation in training/conference through proper channel. I understand that the claim for TA/DA/other will be reimbursed to undersigned after completion of requirements as stated.

Signature of the Faculty:
Name of the Faculty:
Date:

.....

Forwarding remark by head of the Department

I hereby forward the application for attending Training Program/conference of Faculty (Dr./Prof./Shri.....) as this application is as per Objectives / priorities of the Department.

Signature :
Name of Head of the department:
Date: