**(From 3-A)**



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[Application for Prior Administrative/Financial Approval]**

**Application for attending International/ National Conference/workshop/Symposium/Special Training in India & Abroad under the head “A” of Cumulative Professional Development Allowance (CPDA)**

[To be applied at least 21 (Twenty-One) days prior. In case of conference within country and 45 days prior to the conference/outside country]

**Director**

Through: Head of the Department/Centre

My paper titled …………………………………………………………………………………… … ……………………………………………………………………………………………………………has been accepted for presentation in the International Conference (outside/within country)/ National Conference/Seminar/Symposia/Workshop to be held at………………………………………………..……from……………………..to……………………

**Details**:

1. Date of proceeding to attend the above from H.Q. ……………………………………..
2. Date of return to resume duties to H.Q. ……………………………………………..…...
3. I request you to kindly permit me to attend the above Conference/ Seminar/ Workshop/ Summer school/ Symposia/ short term Course (strike out which is not applicable) and sanction me on reimbursable basis.
4. An amount of ……………………………………… to attend the above, details of which is as follows:-

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl. No.** | **Particulars** | **Estimated Amount** | |
| Rs. | $ |
| 1. | Registration Fees |  |  |
| 2. | (a) Visa Charges |  |  |
| (b) Insurance charges |  |  |
| 3. | **Accommodation charges** |  |  |
| (a) Within India |  |  |
| (b) Outside India |  |  |
| 4. | **Food charges**   1. Within India for ……………….days@ Rs. …………………. |  |  |
| (b) Per Diem (outside India) for ……….days @ $ …………….  @ Conversion rate at: $1 (USD) = Rs. ……………… |  |  |
| 5. | **Travelling Expenditure**  (a) **Within India**  (i) Train / Air / Bus |  |  |
| (ii) Road (Only local travel within city) |  |  |
| (b) **Outside India**  (i) Train / Air / Bus |  |  |
| (ii) Road (Only local travel within city) |  |  |
| **Total (Rs.)** | |  |  |

**1**

b) Vacation Period: ………………………….days from………………………to………………………

4. **Detail of CPDA utilization and balance**

|  |  |  |  |
| --- | --- | --- | --- |
| Sl. No. | Amount claimed/submitted/utilized under activities listed under CPDA for the current year of the **current year** of the current block. Rs. | Amount claimed/ submitted/ utilized under activates listed under CPDA for the **current block** till date. Rs. | Current claim Rs. |
| 1. |  |  |  |

5. I hereby declare that I have not received any amount from any other source for this activity. In case, I receive any amount from the activity for other source the same will be submitted with proof for adjustment.

6. **For International Conference (outside country).**

|  |  |  |  |
| --- | --- | --- | --- |
| YES |  | NO |  |

*Whether NOC for visa is required*

**Enclosures**: (Self Attested)

(i) Proof of acceptance of the research paper to be presented.

(ii) Copy of research paper to be presented.

(iii) Conference Brochure/Letter from organizers or from conference website having details of amount of Registration fee to be paid.

(iv) Notice regarding Seminar in the Institute (attached copy of attendees and copy of presentation)

(v) Specific recommendation of Departmental Committee (constituted vide O/o no ……… ……….. dated …………………….) on point 6 (v) (a) to (c) on a separate sheet.

a) Quality of the Conference:

b) Quality of the research paper:

c) How participation in the above-mentioned event will be beneficial to the Institute:

(Signature)

Name of faculty …………:………..…

Designation:……….………………….

Department/Centre: ……………......

Mobile No: ………………………..….

e-mail ID: ………………………..……

Dated: \_\_\_\_\_\_\_\_\_\_

**2**

Specific Observations of HOD:

Recommended / Recommend

………………………………………………………………..…………………………………………

(Note: HOD/HOC should give a detail recommendation)

Dated: (Signature of HOD/HOC)

Seal

Recommendation of the Committee

(Recommended/Not Recommended)

**Concerned HOD/HOC AR (Accounts & Finance) Associate Dean (FDP & CPDA)**

**Dean (Faculty Welfare) Dean (Planning and Development)**

Submitted for approval please.

**Director**

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