

INDIAN INSTITUTE OF SCIENCE BANGALORE - 560 012

REQUEST FOR APPROVAL FOR CUMULATIVE PROFESSIONAL DEVELOPMENT ALLOWANCE (CPDA) - CONFERENCES

TICK ( J ) APPROPRIATE COLUMN WHEREVER APPLICABLE

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Name (in Capital Letters) | | 2. Designation | 3. Department |
|  | |  |  |
| 4.Employee No. | | 5.CPDA No. |  |
| 6. Whether | (a) Presenting a paper YesT 1 No i 1 | | (b) Chairing a Session Yes No |

7. DETAILS OF THE CONFERENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (a) Title of the Conference | | | | (b) Organized by |
|  | | | |  |
| (c) Duration | From To | | | (d) Place of the Conference |
|  |  |  | |  |
| (e) Title of the paper | | | | |
| (f) Whether accepted  (Enclose copy of acceptance) | | |  | |

**8. FINANCIAL REQUIREMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| (a) Travel | (b) Living Expenses | (c) Registration Fee | (d) Total |
| Rs. | Rs. | Rs. | Rs. |

1. ASSISTANCE RECEIVED / ANTICIPATED FROM OTHER SOURCES:
2. FUNDS REQUESTED FROM CPDA OF THE INSTITUTE:
3. ADVANCE REQUESTED (Advance will be regulated as per norms):

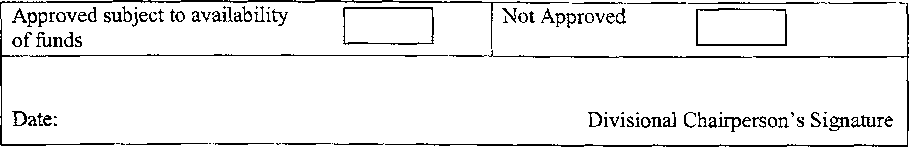
Certified that the information given above is true to the best of my knowledge & I hereby undertake to submit the TA Bills and refund savings if any, to the Institution.

Date : Signature of the Staff Member

|  |  |
| --- | --- |
| Recommendation of the \ Chairperson of the Department J |  |
| Date: | Chairperson’s Signature |

(FOR USE IN THE DIVISIONAL CHAIRMEN’S OFFICE)

Forwarded to the Financial Controller W/c



CC: 1. Concerned Faculty, 2. Assistant Registrar, Unit IA