

INDIAN INSTITUTE OF SCIENCE
BANGALORE - 560 012



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

TICK (/) 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 Yes <input type="checkbox"/> No <input type="checkbox"/>	(b) Chairing a Session Yes <input type="checkbox"/> No <input type="checkbox"/>

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.

09. ASSISTANCE RECEIVED / ANTICIPATED FROM OTHER SOURCES: _____

10. FUNDS REQUESTED FROM CPDA OF THE INSTITUTE: _____

11. 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	}
Date : _____	

Chairperson's Signature

(FOR USE IN THE DIVISIONAL CHAIRMEN'S OFFICE)

Forwarded to the Financial Controller W/c

Approved subject to availability of funds	<input type="checkbox"/>	Not Approved	<input type="checkbox"/>
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Date: _____ Divisional Chairperson's Signature

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