



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 Yes T 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.

9. 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 J	
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"/>
Date:	Divisional Chairperson's Signature		

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