**Annexure-I**

(To be printed on green legal sheets only)

***Application for availing CPDA for Presenting Papers & Attending National/International Conferences/ workshops/Symposia/Special training programs/ Research Interactions for the* CPDA Block Year 20\_\_ - 20\_\_\_ of 03-year Block Period 2024-2027**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DoJ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DoR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* **Maximum Expenditure 70% of the CPDA Fund (2.1 Lac for 3-year Block Period)**
* Expenditure already made / approved under this Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Carry forward from previous block year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Particulars of Conference / Workshop**
2. Name of the conference/workshop/Symposia/Special training programs/Research Interactions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Title of paper accepted for presentation (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Conference / Workshop Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Date of leaving station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_f) Date of return to station:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Note: Supporting documents such as invitation letter, brochure, acceptance email, first page of paper accepted etc.) be mandatorily attached.*

1. **Estimate of Financial Assistance:**

|  |  |
| --- | --- |
| Registration fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Visa Travel Charges \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| TA/DA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Travel Insurance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Visa Fee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other financial assistance required: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Arrangement for Academic/Administrative Assignments:**

***Declaration by the applicant:***

1. Above participation is for professional development and will be beneficial for teaching and research in the Institute.
2. I shall bear the excess expenses, if any.
3. I have not availed more than 30 days of leave during the current block year. (if availed, then specify the details).

[Leave period – From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_]

**Applicant Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **Recommendations of HOD:** | | | Dispatch No:  Date |
| It is certified that details have been recorded in CPDA Register at S.No. \_\_\_\_\_\_\_ Page No. \_\_\_\_\_\_\_\_\_. | | **Signature of HoD** |
| **Recommendations of Dean Faculty Welfare:** | | | Dispatch No:  Date |
| (Note: Certificate and Minutes of the Meeting of CPDA Committee to be attached) | **Signature of DFW** | |

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| **For Office Use: -**  **Remarks of Personnel Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dealing Assistant** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Section Head** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assistant Registrar (Admin)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Deputy Registrar (Admin)** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Registrar** | |
| **Remarks of the Competent Authority:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director/Chairman BoG** | | | |

**Annexure-II**

(To be printed on green legal sheets only)

**Application for availing CPDA for Obtaining / Renewal of Memberships of Professional Bodies for the CPDA Block Year 20\_\_ - 20\_\_\_ of 03-year Block Period 2024-2027**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DoJ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DoR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Details of membership acquired / proposed for the CPDA Block Year 20\_\_\_ - 20\_\_\_\_** | **Status**  **(Acquired / Proposed)** | **Total Membership Fee** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Amount** |  | **Rs.** |

**Declaration by the applicant:**

1. Total reimbursement received under CPDA for availing memberships in the present block is \_\_\_\_\_\_\_\_\_\_.
2. I shall bear the excess expenses, if any.
3. I have not availed more than 30 days of leave during the current block year. (if availed, then specify the details).

[Leave period – From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_]

**Applicant Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Recommendations of HOD:** | | Dispatch No:  Date |
| It is certified that details have been recorded in CPDA Register at S.No. \_\_\_\_\_\_\_ Page No. \_\_\_\_\_\_\_\_\_. | **Signature of HoD** |
| **Recommendations of Dean Faculty Welfare:**  **Signature of DFW** | | Dispatch No:  Date |

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| **For Office Use: -**  **Remarks of Personnel Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dealing Assistant** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Section Head** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assistant Registrar (Admin)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Deputy Registrar (Admin)** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Registrar** | |
| **Remarks of the Competent Authority:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director** | | | |

**Annexure-III**

(To be printed on green legal sheets only)

**Application for availing CPDA for Contingent Expenses for the CPDA Block Year 20\_\_ - 20\_\_\_ of 03-year Block Period 2024-2027**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DoJ: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DoR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Details of the Contingent items required: Appendix-A**

*Note: Assets shall not be purchased under CPDA fund.*

*Purchase of stationery items is restricted to Rs. 5,000/- per block year.*

**Declaration by the applicant:**

1. Total reimbursement received under CPDA in the present block for contingent expenses is \_\_\_\_\_\_\_\_\_\_\_\_.
2. I shall bear the excess expenses, if any.
3. I have not availed more than 30 days of leave during the current block year. (if availed, then specify the details).

[Leave period – From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_

From \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_]

**Applicant Sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **Recommendations of HOD:** | | Dispatch No:  Date |
| It is certified that details have been recorded in CPDA Register at S.No. \_\_\_\_\_\_\_ Page No. \_\_\_\_\_\_\_\_\_. | **Signature of HoD** |
| **Recommendations of Dean Faculty Welfare:**  **Signature of DFW** | | Dispatch No:  Date |

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| **For Office Use: -**  **Remarks of Personnel Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Dealing Assistant** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Section Head** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Assistant Registrar (Admin)** |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Deputy Registrar (Admin)** | | **\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Registrar** | |
| **Remarks of the Competent Authority:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Director** | | | |

**Appendix-A**

**Contingent expenses required under CPDA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sr. No** | **Name of Items** | **Type\*** | **Quantity** | **Price Per Unit** | **Total Amount** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| **Total Amount Rs**. | | | | |  |

\* Type – Lab consumables, Stationery, Books, Computer related consumables etc.

(Note: The soft copy of the Annexure-I be mailed to [personnel.department@nitsri.ac.in](mailto:personnel.department@nitsri.ac.in) )

**Applicant Sign:**

**Annexure-B**

**CERTIFICATE**

Name of the concerned faculty member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Presentation details (Title of the paper ):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

We, the members of the CPDA committee, do hereby certify the following:

1. The work carried out by the faculty member is being presented and that the same has not been presented in any conferences before,
2. The claim made for financial support is appropriate,
3. That the participation would benefit teaching and research in the respective department to which the teacher belongs,
4. That the academic program of the department is not affected due to the absence of the faculty member.

Recommended for approval of the Competent Authority.

|  |  |  |
| --- | --- | --- |
| Concerned HOD  (Member) | Dean, Academic  (Member) | Dean, R&C  (Member) |
| *Subject Expert nominated by the HoD, if necessary*  (Member) |  | Dean (FW)  (Chairman) |