­­­­­­­­­­­­­­­­­­­ Sant Longowal Institute of Engineering & Technology, Longowal

(Deemed to be University)

TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME (TEQIP-III)

Sub-Component 1.3: (Twinning Arrangement to build capacity and Improve Performance of Participating Institutes)

SLIET/\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_

FORMAT FOR PERMISSION TO ATTEND THE SEMINAR/STTP/STC UNDER TEQIP-III BY THE FACULTY/STAFF MEMBERS

|  |  |
| --- | --- |
| 1 Name of the Faculty/ Staff Member : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 Designation : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 Department : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 Date of joining SLIET : | ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5 Duration of Seminar/STTP/STC etc. : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6 Organized by : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7 Seminars/STTP/STC etc. attended :

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|   | Sr. No. | Title | Duration | Organization/ Venue | Amount utilized (Rs.) |
| TEQIP II |  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| TEQIP III |  |  |  |  |  |
|  |  |  |  |  |
| PDA (2015-18) |  |  |  |  |  |
|  |  |  |  |  |

 |
|  8 Tentative expenditure involved: -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Registration Fee | TA | DA | Lodging | Misc. | Total |
|  |  |  |  |  |  |

  |
| 9 Mode of Journey & Schedule

|  |  |  |
| --- | --- | --- |
| Departure | Arrival | Mode of Journey |
| Date | Time | Date | Time |
|  |  |  |  |  |

  |
| 10 Adjustment of teaching load/duties

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Name of the subject with code | Name of faculty taking the class as substitute | Signature of the faculty member |
|  |  |  |  |  |
|  |  |  |  |  |

 |
| 11 List of enclosures : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signature of Faculty/Staff Member

|  |  |
| --- | --- |
| Recommended | Not Recommended |

Recommendation of HOD/Section-In-charge

Coordinator TEQIP-III

Dean (Academics)

­­­­­­­­­­­­­­­­­­­ Sant Longowal Institute of Engineering & Technology, Longowal

(Deemed to be University)

TECHNICAL EDUCATION QUALITY IMPROVEMENT PROGRAMME (TEQIP-III)

Sub-Component 1.3: (Twinning Arrangement to build capacity and Improve Performance of Participating Institutes)

SLIET/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dated\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application for organization of STTP/FDP/SDP/Workshop/Seminar/Conference**

Name of the Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of the Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed Dates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of HOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of HOD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Co-Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Co-Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Main Objectives of the Program (Min. 5): - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Target Group: -**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Proposed Topics to be covered (Including theory, practical and tutorial classes)**

|  |  |  |
| --- | --- | --- |
| Theory | Practical | Tutorial Classes |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Details of Resource Person: (Please attach proposed Time Table): -**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S.No. | Name and Designation | Affiliation/Email/Mobile | Topic of Lecture(s) | No. of Lectures |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Expected No of Participants:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Faculty | Research Scholar | UG/PG Students | Total |
| External |  |  |  |  |
| Internal |  |  |  |  |

 (Note: Internal Participant should not exceed 50% of total participants)

**Proposed Budget (Tentative): -**

|  |  |
| --- | --- |
| **Total Income (Rs.)** | **Total Expenditure (Rs.)** |
| Registration Fee |  | TA/DA for experts |  |
| Sponsorship  |  | Honorarium for experts |  |
| Any other |  | Hospitality |  |
|  |  | Registration Kit |  |
| Course Material(Preferably in CD) |  |
| Printing |  |
| Misc. etc. |  |
| Total  |  | Total |  |
| Support required from TEQIP-III: Rs.  |

**Details of earlier STTP/FDP/SDP/Workshop/Seminar organized by the Department under TEQIP-II**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| S.No. | Title of the Program | Name of the Coordinator with contact detail | No. of Participants | Total expenditure incurred | Report submitted to Coordinator TEQIP (Date and Ref. no.) |
| External | Internal |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |

**Undertaking**

We undertake to submit following to the Coordinator TEQIP-III within 10 days of the completion of the program-

1. Detailed report of the STTP which includes Name and Address of the Participants, Actual Time Table with resource faculty and Daily Attendance Sheet of participants.
2. Feedback of Participants.
3. Statement of Accounts.

Co-coordinator Coordinator

(STTP/STC/SDP) (STTP/STC/SDP)

Head of the Department

Coordinator TEQIP-III

Dean (Academics)

Director