New format effective wef 26 May 2015

Dr B R AMBEDKAR NATIONAL INSTITUTE OF TECHNOLOGY, JALANDHAR-144011



Request for attending National/International Conference/Workshop/Short Term Course/Seminar/Symposium under Professional Development Allowance

| 441.9 | | | | PD/ | A Block 201 | to 201 | | | | |
|---------|---|--|----------|--|--------------|---|-----------------|---|--|--|
| 1. | Name of the Applic | ant | | | | | | | | |
| 2. | Email ID Designation and Department | | | | | | | | | |
| 3. | Nature of event | | Na | National/International Conference/Workshop/Short Term Course/Seminar/Symposium | | | | | | |
| 4. | Title of event | | | | | | | | | |
| 5. | Duration required for the event | | | From To N | | | No. of Days | i | | |
| 6. | Place of the Event | | | | | | | | | |
| 7. | Wheter going to present research paper? Yes/No Attach self attested copies (i) paper/abstract (ii) acceptance letter (iii) NOC of co-author(s) (iv) Brocheure containing detail information related 3 to 8. | | | | | | | | | |
| 8. | Financial liability of the institute on account of Registration Fee, TA/DA, and other exp enes if any. | | | | | | | | | |
| | Registration Fee | Registration Fee Mode of payment Pa | | Pay to whom | | TA*/DA (Fill amount here and attach details as annexure | | Other expenses, if any | | |
| | * for visit abroad at | tach air fare e | estimat | te for shortest | route from t | he Air India | | | | |
| 9. | Does the event falls during vacations/holidays? Yes/No # Attach arrangemewnts of institute's assignments during the period mention at S No. 5 (may be given at backside) | | | | | | | | | |
| 10. | Detail of events alre | ail of events already attended during the current calendar year. (1st Jan to 31st Dec 20) | | | | | | | | |
| | Title of the event | | | | | No. of teaching Days included | P | Paper presented? Yes/No | | |
| | b) | | | | - | | Yes/No | | | |
| 11. | Details of ongoing / submitted projects (for faculties visiting abroad): | | | | | | | | | |
| 12. | The subject conten | The subject contents of the conference/course/seminar/workshop pertains to my functional area of relevance and will enhance my teaching and research skills. | | | | | | | | |
| | | | | | | ١ | Recommended | d / Not Recommended | | |
| (Signat | ure of Applicant) | | | | | | | | | |
| FOR O | FFICE USE | | | | | | (Head of the [| Department) | | |
| | May | be allowed/n | ot allo | wed subject to | availability | of PDA fund of fa | culty as per no | orms. | | |
| | | | | | | | | Dean Faculty Welfare | | |
| Cumu | lative expenditure of | the applicant | till dat | e. Rs | | | | | | |
| Baland | ce available for the a | pplicant Rs. | | | | | | | | |
| | | | | | | | | Registrar /Supdt (A/C) | | |
| | | | | Approv | /ed/Not App | roved | | | | |
| | | | | | | | | | | |
| The de | etails of events at Sr. | No. 10 (abov | /e) is | For putting | a up note fo | or approval of the | chairman BOG | Director 6 in case of Foreign visit/ | | |
| | er/not order. | 10 (000) | . 5, 10 | . or patting | | of office order in c | | | | |
| | | Supo | it (E) | | | | | Supdt (E)/Registrar | | |

Supdt (E) |
*Please submit a copy of the Conference report to the CEP Cell within one month of return.