**NATIONAL INSTITUTE OF TECHNOLOGY, KURUKSHETRA**

**HARYANA**

**No./ Date:**

**FORM - A**

**Application for National/International Academic/Research Activities under CPDA**

**Block Year…………………Financial Year for which the CPDA is required ...................**

1. Name of the Faculty: .............................................................................................

2. Designation/Department: .............................................................................................

3. Nature of appointment: Permanent Contract

4. (a) Nature of Event: National International India Abroad

(b) Name of event (As per I & II of list A of CPDA rules. *Attach brochure of the event*)

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(c) Theme :....................................................................................................................

(d) Venue : ...................................................................................................................

(e) City, State, Country: .......................................................................................................

(f) Dates : From ............................................To.........................................................

(g) Registration fee details (*Attach document*): .....................................................................

(h) Details of organizer: Contact address ..............................................................................

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Phone: .................................................. E-mails: ...........................................................

5. Presentation/Event Type (*Activity as per list A*): ..................................................................

6. Title of presentation/Event (*Attach copy of invitation and accepted paper/abstract*): .........

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7. List of National/ International Conference/ ... .........................................................................

event/ attended (CPDA/TEQIP) in the .............................................................................

current block of 3 years: .............................................................................

1. Number of days required/applied: From …………. To………….

(Vacation /Semester break/ Holidays)

9. Tentative Travel Plan**:(from the place of work to the conference and back)**

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| --- | --- | --- | --- | --- | --- |
| **Date** | **Time** | **From** | **To** | **Date & Time** | **Mode** |
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Details of financial assistance acquired / will be acquired from other agencies and/or event

organizers: ............................................................................................................................

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1. Details of expected expenditures:

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | **Head** | **Amount (in Rs )** |
| 1. | Air India Airfare (economy class only)/Train Fare/Taxi Fare/Bus Fare (Booking will be allowed through Air India/ GOI approved agent) |  |
| 2. | Registration Fees (including transaction charges)  Mode of payment: |  |
| 3. | Per diem Allowances (as per actuals)  (Activity days ......... + Travel days ......... = ........ days) |  |
| 4. | Accommodation Charges (as per actuals) |  |
| 5. | Visa Fees and related charges(as per actuals) |  |
| 6. | Travel and medical Insurance Charges as per the requirement (as per actuals) |  |
| 7. | Any other expenses, if any, please specify |  |
|  | **Total Expected Expenditure** |  |

***Note: Approval/permission for requested visit does not mean approval of requested amount. Expenditure will be reimbursed as per GOI/Institute rules/norms.***

**CERTIFICATE**

I certify that:-

(a) The details given above are correct.

(b) If the information supplied is found to be incorrect; I will refund the entire money to NIT, Kurukshetra.

(c) The money received will be used for the purpose for which it is sanctioned.

(d) The period of absence falls in the vacation/semester break/holidays.

Date: .................................. **Signature of Applicant**

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1. The event falls during teaching period : **Yes / No**

(in case of ‘yes’, permission will not be granted.)

1. It is his/her ***first / second*** activity **Abroad**Or***first/second/third*** activity in  **India**

Date: .................................. **Signature of HOD/ Coordinator**

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Funds are **Available / Not available**

under**“CPDA”**for the event covered **under I & II of list A**

*Remarks, if any:*

Date: .................................. **Prof. I/C(Accounts)/AR(Accounts)**

*For event in****India/ Abroad***

**Recommended Not Recommended**

*Remarks, if any:*

Date: ..................................  **Dean (Faculty Welfare)**

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**Approved Not approved**

*Remarks, if any:*

Date: .................................. **Director**