**NATIONAL INSTITUTE OF TECHNOLOGY, KURUKSHETRA**

**HARYANA**

**No./ Date:**

**REVISED 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…………

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.

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

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1. Teaching/ Official Work arrangement made: **Yes /No**
2. 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**