

Government Engineering College, Aimer

TEQIP-III

Faculty & Staff Development Activity Application Form

1. Name of Faculty :..... Designation:.....

2. Department:.....

3. Title of the program applied for.....

4. Write importance of the program applied (by Faculty):.....

5. No. of days of program:.....

6. Venue (please fill any one box):

IIT/NIT:.....	Govt(Y/N).....	Private(NIRF 2019 rank).....
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7. Name of venue:.....

8. Mode of travel (if outside HQ):.....

9. Approximate expenses (including TA/DA, registration fee, travel, lodging/boarding etc.) Rs.....

10. Please give complete details of previous activities attended (STC/FDP/Workshop/ Conference/ Summer school/Any other courses) under TEQIP-III:

S. No.	Tick(√)	No. of days	Date	Amount Reimbursed (in Rs.)
	STC/FDP/Workshop/ Conference/ Any other courses			
	STC/FDP/Workshop/ Conference/ Any other courses			
	STC/FDP/Workshop/ Conference/ Any other courses			
	STC/FDP/Workshop/ Conference/ Any other courses			
	STC/FDP/Workshop/ Conference/ Any other courses			
	STC/FDP/Workshop/ Conference/ Any other courses			
	STC/FDP/Workshop/ Conference/ Any other courses			
	STC/FDP/Workshop/ Conference/ Any other courses			

11. Recommendation by HoD(Yes/No).....

12. Date:.....

Signature of Faculty

Signature of HoD

(For TEQIP Cell use)

Signature of:

N. O. (A)

N. O. (F)

TEQIP III Coordinator

Government Engineering College, Aimer

TEQIP-III

Faculty & Staff Development Activity Claim Form

1. Name of Faculty :..... Designation:.....

2. Department:.....

3. Title of the program attended.....
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4. No. of days of the program:.....

5. Venue (please fill any one box):

IIT/NIT:.....	Govt(Y/N).....	Private(NIRF 2019 rank).....
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6. Mode of travel used (if outside HQ):.....

7. Expenses incurred (including TA/DA, registration fee, travel, lodging/boarding etc.) Rs.....

8. Please give complete details of expenses incurred:

S. No.	Head	Amount (in Rs)
1	Registration fee	
2	Travelling(train/bus/air)	
3	DA	
4	Local journey	
5	Accommodation	
6	Other expenses	
Total amount		

9: Date of departmental presentation:.....

10. Date:.....

Signature of Faculty

Signature of HoD

(For TEQIP Cell use)

Signature of:

Accountant

N. O. (A)

N. O. (F)

TEQIP III Coordinator

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Check List

(Common with FSD application & Claim form)

S. No	Title	Annexure No.
Note Sheet		
1	Application forwarded by HoD	
2	FSD application form	
3	Brochure of activity	
4	Acceptance notification	
5	Receipt of registration fee	
6	Office order issued by Registrar	
7	Certificate of activity	
8	FSD claim form	
9	Conference paper (if applicable, with claim form)	
10	Departmental presentation notice	
11	Attendance of presentation forwarded by HoD	
12	TA bill	
13	Format of short journey	
14	Tickets of journey	
15	Accommodation bill	
16	Other	
17	Check list	

Signature of Faculty.....