

INDIAN INSTITUTE OF ENGINEERING SCIENCE AND TECHNOLOGY, SHIBPUR

APPLICATION FOR APPROVAL/REIMBURSEMENT UNDER CPDA

(FOR ATTENDING EVENT/CONFERENCE (NATIONAL/INTERNATIONAL)/SEMINAR/WORKSHOP/TRAINING PROGRAMME/MEMBERSHIP OF PROFESSIONAL BODIES/PURCHASE OF BOOKS/CONTINGENT EXPENDITURE)

To: The Dean, Faculty Affairs

		F	art - A : Genera	l Infori	mation		
1.	Personal File No.: (For office use only)			3.	Designation:		
2.	Name :			4.5.	Department : Sex: (M/F):	Phone No.:	
	(a) Block year of CPDA:			(b) CP		for the current year:	
6.	(d) Total CPDA grant available (b+c):		(c) CPDA carried over from last year:				
G.	(e) Amount already claimed/approved/obtained in the current financial year			(f) Net CPDA grant available (d-e)			
7.	Amount requested in this	application (Est	imated):				
		F	Part - B : Genera	l Inforr	mation		
	Category	7			Detai(s)		Amount (Rs.)
8.	Membership of Profess	rional hodies					
0.	(Within the limit of Rs.15000/-p.a. professional bodies per year	Membership for two					
	Purchase of Bo (Bills pertaining to purchase of bool due certification by faculty w	ks should be sent with hile sending for					
	reimbursement Amount is restricted to Rs.10000/-). (For purchase of books of more than the limit, prior approval of Director is required.)						
9.							
	Contingent Expenditur Rs.80000/-p.						
	(a) Equipment related to professional activities such as PC, Laptop, Tab, Printer, Scanner, Internet Charges and Computer Peripherals etc. Howerver, for any other items, explicit permission may be sought.						
10.	(b) Internet usage charges, procurement of broadband						
	connection including USB Wireless charges - (In each financial year u						

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	Part - C : General Information								
11.	(a) Name of event/conference/seminar/workshop/training programme/Host Institute/Collaborator: (a) Name of event/conference/seminar/workshop/training programme/Host Institute/Collaborator:								
12.	Venue:								
13.	From:		То:		14.	Nature of E Internationa	vent (National/ al:		
15.	Details of O	rganizer:							
			(a) Chairing the session		(b) Invited talk/delivering plenary lecture/keynote speech				
	Pupose of Visit: (√sign may be used)	(c) Oral presentation		(d) Poster presentation					
16.		(e) Laboratory Visit:							
		(f) Visit for Collaborative Research:							
			(g) Any other:						
17.	Have you attended any conference/event in the past and current semester funded by IIESTS ? (Yes / No) (If yes, provide details) →								
	Details of pa	aper:			ĭ				
	(a) Number of papers to be presented :								
	(b) Title of paper to be presented (attach copy of paper)								
18.	(c) Nature of the paper (Single/co-authored):								
	(d) Co-authors name, address, designation and highest qualification:								
	(e) NOC from co-author obtained (Yes/No):								
19.	Travel Plan (from the place of work to the conference and back)								
	DATE TIME FROM (Place)			e)		TO (Place)	MODE		
20.	Amount of	Advance requ	ired (Rs.):			Rupees	amoui	nt In Words	
21.	Details of financial assistance acquired/being acquired from other funding agencies and/or event organizer:								

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			Continuation of Page -			
22.		expected expenditure :				
	Sl. No.	HEAD	AMOUNT			
		roval/Permission for requested visit does not mean approval of re	equested amount.			
		re will be reimbursed as per institute rules/norms				
		rrangements made for academic/administrative				
23		g the absence				
	from IIES7	TS:				
24	Nature and	days of leave requested for stay (CL/Special Leave/EL/Vacation	n):			
			,			
		CERTIFICATE				
	I certify that:- (a) The details given in this application are correct. (b) I am a regular faculty of this Institute.					
	(c) If the information supplied is found to be incorrect; I will refund the entire money to the Institute.(d) The money received will be used for the purpose for which it is sanctioned.(e) I will present the paper and share conference experience with the Institute after attending the event.					
			Signature of the Applicant			
	Recor	nmended/Not Recommended				
	(Signature	(Signature of the Concerned Dean				
		•	with comments)			
	Approved / Not Approved					
		Signature of the Director				
		Signature of the Director				
	NOTE: - 1) The candidate has to report to Head of the Department about the outcome of the visit .					
	2) Leave de	Leave details and work load adjustment should be verified by Head of the Department before recommendation. Enclosures:				
	Enclosures:					
	(i) Announ	cement of the event.				
		on letter from the event organizer/Host Institute/Collaborator				
		accepted paper.				
	(1V) NOC fro	om co-author (if any)				

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