



APPLICATION FOR APPROVAL/REIMBURSEMENT UNDER CPDA
(FOR ATTENDING EVENT/CONFERENCE (NATIONAL/INTERNATIONAL)/SEMINAR/WORKSHOP/TRAINING PROGRAMME)

To: The Registrar

Part - A : General Information			
1.	Personal File No.:		3. Designation :
2.	Name :		4. Department :
		5. Sex: (M/F)	Phone No.
6.	(a) Blocked year of CPDA:		(b) CPDA allocated for the current year
	(d) Total CPDA available (b+c)		(c) CPDA carried over from last year:
	(e) Amount already claimed/approved/obtained from the CPDA in the current financial year		(f) Net CPDA available (d-e)
	7. Amount requested in this application (Estimated):		
	Space to show break-up:		

Part - B : General Information			
8.	(a) Name of event/conference/seminar/workshop/training programme/Host Institute/Collaborator: ↓		
9.	Theme:		
10.	Venue:		
11.	From:	To:	12. Nature of Event (National/International):
13.	Details of Organizer:		
14.	Purpose of Visit: (√ sign may be used)	(a) Chairing the session	(b) Invited talk/delivering plenary lecture/keynote speech
		(c) Oral presentation	(d) Poster presentation
		(e) Laboratory Visit:	
		(f) Visit for Collaborative Research:	
		(g) Any other	
15.	Have you attended any conference/event in the past and current semester funded by IIITKALYANI ? (Yes / No) (If yes, provide details) →		
16.	Details of paper:		
	(a) Number of papers to be presented :		
	(b) Title of paper to be presented (attach copy of paper)		
	(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):		

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17.	Travel Plan (from the place of work to the conference and back)				
	DATE	TIME	FROM (Place)	TO (Place)	MODE

18.	Details of financial assistance acquired/being acquired from other funding agencies and/or event organizer:

19.	Details of expected expenditure :		
	Sl. No.	HEAD	AMOUNT

Note:- Approval/Permission for requested visit does not mean approval of requested amount.
Expenditure will be reimbursed as per institute rules/norms

20	Alternate arrangements made for academic/administrative work during the absence from IIITKALYANI :	
21	Nature and days of leave requested for stay (CL/Special Leave/EL/Vacation):	

CERTIFICATE

I certify that:-

- (a) The details given above 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.

Recommended/Not Recommended

Signature of the Applicant

(Signature of the Faculty Coordinator)

(Signature of the Registrar with comments)

Approved / Not Approved

Signature of the Director

NOTE: -

- 1) The candidate has to report to Faculty Coordinator about the outcome of the visit .
- 2) Leave details and work load adjustment should be verified by Faculty Coordinator before recommendation.

Enclosures:

- (i) Announcement of the event.
- (ii) Invitation letter from the event organizer/Host Institute/Collaborator
- (iii) Copy of accepted paper.
- (IV) NOC from co-author (if any)