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| **https://iiitkalyani.ac.in/images/front-page/logo/l2.png** | **INDIAN INSTITUTE OF INFORMATION TECHNOLOGY KALYANI** |

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| **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 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: |  |

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| **Part - B : General Information** |
| 8. | Name of Event/Conference/Seminar/Workshop/Training Programme/Host Institute/Collaborator: ↓ |
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| 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 IIIT Kalyani? (Yes/No)(If yes, provide details) → |  |
| 16. | Details of Paper(s): |
| (a) Number of papers to be presented: |  |
| (b) Title of paper(s) 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-authors 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** |
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|  |  |  |  |  |
| 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** |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| **Total:** |  |
| 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 durind the absence from IIIT Kalyani: |  |
| 21. | Nature and days of leave requested for stay:(CL/Special Leave/EL/Vacation) |  |
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**CERTIFICATE**

I certify that:

1. The details given above are correct.
2. I am a regular faculty of this institute.
3. If the information supplied is found to be incorrect; I will refund the enrire money to the institute.
4. The money received will be used for the purpose for which it is sanctioned.
5. I will present the paper and share conference experience with the institute after attending the event.

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| Signature of the Applicant |

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| Recommended / Not Recommended |

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|  |  | (Signature of the Registrarwith comments) |

Approved / Not Approved

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| 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:**

1. Announcement of the event
2. Invitation letter from the event organizer/Host Institute/Collaborator
3. Copy of accepted paper
4. NOC from co-author (if any)