**Annexure-I**

**Permission to Attend National & International Conference by Faculty Members under Cumulative Professional Development Allowance (CPDA)**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Faculty Member |  |
| 2. | Designation (tick the appropriate) | Professor / Associate Professor / Assistant Professor |
| 3. | Department |  |
| 4. | Nature of Activity (tick the appropriate) | National Conference / International Conference / Workshop / Symposium / Any other (Specify) |
| 5. | Nature of the Participation (Tick theappropriate) | Chairing a session / plenary paper / Invited Lecture / Poster Presentation |
| 6. | Details of the Program |  |
| (a)  | Title of the Program |  |
| (b)  | Venue, Name of the City |  |
| (c)  | Dates of the Program |  |
| (d)  | Organizers/Host Institution |  |
| 7. | Details of the Accepted Paper |  |
|  | (a) | Title of the Paper |  |
|  | (b) | Authors (as appear in the Paper) |  |
| 8. | Details of Expenses (approximate) |  |
|  | (a) | Registration Fee (includingTransaction Charges) |  |
|  | (b) | TA (Journey + Local Travel) |  |
|  | (c) | DA (Activity duration + Travel days) |  |
|  | (d) | Boarding & Lodging |  |
|  | (e) | Any Other Expenses |  |
|  | Total (a to e) |  |
| 9. | Have you Attended Such Activity During the Current PDA Block Period  | Yes/No (if Yes, Please Provide the Following Details for Each Activity)  |
|  | Activity 1 |  |
|  | (a) | Name of the Activity |  |
|  | (b) | Dates of Activity |  |
|  | (c) | Venue of Activity  |  |
|  | (d) | Expenses Incurred |  |
|  | Activity 2 |  |
|  | (a) | Name of the Activity |  |
|  | (b) | Dates of Activity |  |
|  | (c) | Venue of Activity  |  |
|  | (d) | Expenses Incurred |  |
| 10. | Total Expenses Incurred by You Till Date to Attend Conferences in India as well as Abroad During Current PDA Block Period |  |

I ------------------------------------Assistant Professor/ Associate Professor / Professor, Department of ---------------------------------hereby declare that the information given above are true to the best of my knowledge and belief. If any statement is found to be incorrect, I shall be liable for disciplinary action.

Signature of Applicant

Date:

List of Enclosures to be submitted

1. Copy of the abstract of the paper
2. Copy of full length paper
3. Copy of the Acceptance/Invitation letter
4. Copy of the Brochure about conference
5. Invoice from travel agent for foreign travel
6. Hotel tariff as indicated by the organizers if not mentioned in the brochure

Recommendation by the Head of Department

Recommendation of the Committee (Recommended /Not Recommended)

Dean (Faculty Welfare) Dean (Academic) Dean (R &D)

Approval of the Director Approval of the Chairman

Permitted to leave headquarters Dates Number of Days

**Annexure-II**

**Proforma for Claiming Reimbursement of Expenses after Attending National Conference / International Conference by Faculty Members under Cumulative Professional Development Allowance (CPDA)**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Faculty Member |  |
| 2. | Designation (tick the appropriate) | Professor / Associate Professor / Assistant Professor |
| 3. | Department |  |
| 4. | Nature of Activity (tick the appropriate) | National Conference / International Conference / Workshop / Symposium / Any other (Specify) |
| 5. | Name of the Activity |  |
| 6. | Dates of Activity |  |
| 7. | Venue of Activity |  |
| 8. | Details of Actual Expenses supported by documents |
|  | (a) | Registration Fee (includingTransaction Charges) |  |
|  | (b) | TA (Journey + Local Travel) |  |
|  | (c) | DA (Activity duration + Travel days) |  |
|  | (d) | Boarding & Lodging |  |
|  | (e) | Any Other Expenses |  |
|  | Total (a to e) |  |
| 9. | Whether Presentation made in theDepartment |  |

Encl: Copy of the Report on the conference attended:

List of original bills submitted

Signature of Applicant

Date:

Head of Department

Deputy Registrar (Finance) Registrar

Director

**Annexure-III**

**Proforma for Claiming Reimbursement of Expenses Incurred on Securing Membership of Professional Bodies / Purchase of Books / Stationary Items and other consumables, computer accessories etc. by Faculty Members under Cumulative Professional Development Allowance**

|  |  |  |
| --- | --- | --- |
| 1. | Name of the Faculty Member |  |
| 2. | Designation (tick the appropriate) | Professor / Associate Professor / Assistant Professor |
| 3. | Department |  |
| 4. | Details of Expenses supported by documents |
|  | (a) | Membership Fee of Professional Body |  |
|  | (b) | Books |  |
|  | (c) | Stationary Items |  |
|  | (d) | Computer Accessories |  |
|  | (e) | Repair of Printers / Laptop / Equipment / Desktop / Refill of Cartridges |  |
|  | Total (a to e) |  |

Signature of Applicant

Date:

Head of Department

Deputy Registrar (Finance) Registrar

Director