



GOVERNMENT ENGINEERING COLLEGE KOZHIKODE

APPLICATION BY FACULTY / STAFF FOR ATTENDING CONFERENCE

Date:.....

ACADEMIC YEAR

(All Data presented here is limited to only the above academic year)

Please fill in both sides of this form.

Sl. No.	DETAILS	DATA
1.	Name of the Faculty/ Staff member.....	
2.	Designation	
3.	Department.....	
4.	Name of the Conference.....	
5.	Participation Purpose	Paper Presentation / Participation only
6.	Title of Paper to be presented...	
7.	Conference Organizer	
	Location.....	
8.	Dates of the Conference	
	No. of days leave required	
9.	Conference Registration fee	
10.	TA/DA estimate (as per Rules)	
11.	Specify arrangements for classes or Examination duty (if affected)	
12.	Any specific request?	

If only participation is requested for:

Number of Conferences participated in without paper presentation (current academic year)	
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ALL the Benefits expected to be derived from participation:
(To be specified by the applicant)

Benefits to be transferred to Students	1. 2. 3.
Benefits expected for Research	1. 2. 3.
Benefits expected for Laboratory Development	1. 2. 3.
Benefits expected for Collaboration	1. 2. 3.
Other Benefits (please specify)	1. 2. 3.

Date:

Signature of the Faculty/ Staff Applicant

HOD's decision: RECOMMENDED / NOT RECOMMENDED

Date:

Approved by HoD

TEQIP II Academic Committee's decision: RECOMMENDED / NOT RECOMMENDED

Signature of Competent Authority

Specific conditions to be complied with are:
ATTACHED / NOT ATTACHED

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